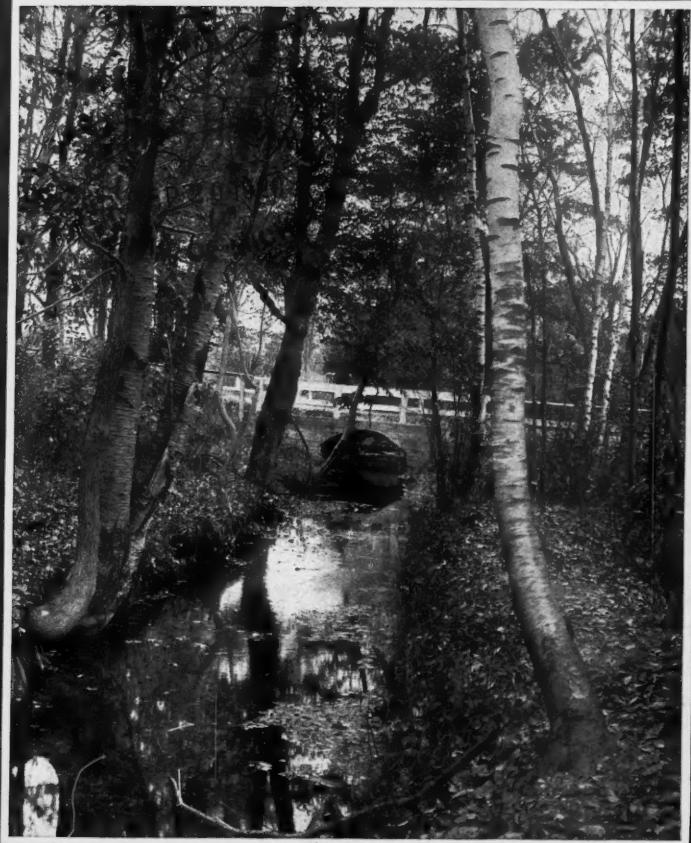


THE DENTAL DIGEST



SEPTEMBER - 1920

VOL. XXVI NO. 9

EDITED BY

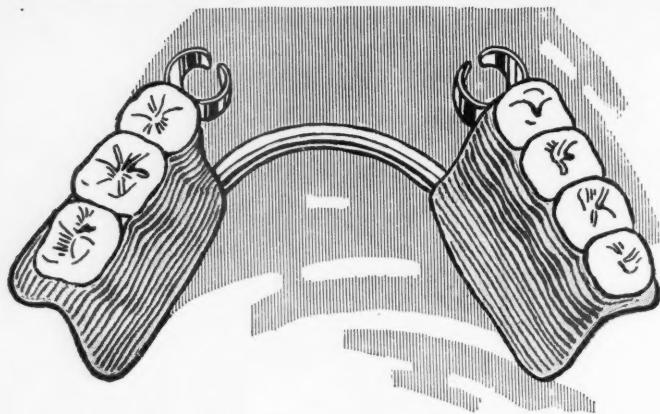
GEORGE WOOD CLAPP, D.D.S.

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THE DENTAL DIGEST

Vol. XXVI

SEPTEMBER, 1920

No. 9

Verdict Against a Dentist

Ethel L. Williams vs. Arthur N. Bauman, D.D.S.

(CONTINUED FROM AUGUST)

A STATEMENT BY THE EDITOR

The case against Dr. A. N. Bauman has been discontinued and the judgment of \$24,896 has been "vacated, set aside, cancelled and annulled in all respects as if the same had never been entered," in an order of the Supreme Court of the State of New York, dated June 1, 1920.

This order, granted soon after the retractions of testimony by the two expert witnesses for the prosecution on a motion of the defendant's counsel, removes all danger of this case as a precedent, and was the result of an enormous amount of effort on the part of several men and the expenditure of a large sum of money.

It is unfortunate that the action of the company which had insured Dr. Bauman in paying the prosecution the sum of \$5,000 prevented the appeal of the case and obtaining in a higher court the reversal of the verdict. Although the insurance company was not interested in the moral side of the case, but was anxious to settle it without incurring further expense, the apparent conclusion is that the retractions of testimony filed by the prosecution's experts and the array of evidence collected for an appeal showed the prosecution the possibility that the appeal would in all probability result in a reversal and consequent loss of any damages.

Of course, the danger remains that a similar case may be successfully prosecuted against some dentist who can rally no support, or in some locality where the attention of the whole profession can not be attracted to it. A verdict obtained even under such conditions would be very dangerous as a precedent. Such a verdict can be won only on incorrect testimony by dentists, arising either from ignorance or malice. It is hoped that the publicity which has been given this case and which is still to be given it will act as a deterrent to dentists who might otherwise thoughtlessly take the position of experts for the prosecution and be led, when upon the witness stand, to make statements which are inaccurate and misleading.

DR. MCLEAN'S ACTIVITIES

Immediately following the close of the trial, Dr. McLean, who had appeared as witness for the defense, undertook the labors of bringing the verdict and the testimony of the experts for the prosecution to the attention of several of the district societies which are components of the New York State Society. The purpose was to secure such expressions of professional opinion as might be useful in obtaining a new trial. It was thought that if expressions of condemnation of the testimony leading to the verdict could be obtained from a sufficient number of properly accredited dental societies, these expressions might have some value as part of the material for an appeal for a new trial. Dr. McLean presented the matter to the Ninth District Society which passed resolutions strongly condemning the testimony, and instructed Dr. McLean, as representative of that Society upon the State Board, to prefer charges against the experts. The Third District Society and the Second District Society also passed resolutions.

Meanwhile, shortly after the trial, and while Dr. McLean was preparing the presentation for the Societies, Dr. Bauman, whom I do not remember ever to have seen before, came to the house one evening and told his story of the case and the trial. He was much disturbed because the insurance company was liable for only \$5,000 of the amount awarded by the verdict, leaving him liable for \$15,000 of the principal and interest for about four years, amounting in all to more than \$18,000. The payment of this sum would take from him the savings of his fifteen years of practice, and if it were not promptly paid, would involve him in unpleasant legal proceedings. He thought that if proper action could be taken before the judge pronounced his decision, it might be possible to have the verdict reversed and to obtain a new trial in the lower court, but after the judge's decision was pronounced, the case necessarily would go to the Appellate Court, where it would be tried upon the correctness of the legal procedure rather than upon the facts.

He left a copy of the testimony of Drs. X— and Y— and I spent much of the night studying it. I came to the conclusion that the testimony was professionally inaccurate and misleading, that a verdict based upon it would be a miscarriage of justice, that dentists who would give such testimony thus in a court of law were a menace to the profession, and that they ought to be known as such to each of the men whose legal welfare they had endangered.

THE JURISTS' OPINION

The following morning I consulted two attorneys whose opinions are entitled to respect. They greatly increased my fear of the verdict as a source of danger to the entire profession, saying that if it were sustained, it would serve as a precedent for the trial of malpractice suits

in other counties and states and that this inaccurate testimony might be employed as a part of the basis of the prosecution of such cases, and that every practitioner of every form of dentistry was placed in legal jeopardy. I formed the opinion that if this verdict was sustained, the dentist might either get out of practice while the getting was good or adopt one or more of the following alternatives:

To own no property which would be attached in suit or against which damages could be collected. This is a predicament into which I understand that seventeen physicians in one city in New York State have been forced by the frequency and success of malpractice suits, but it is an extreme to which no self-respecting man should be driven and which he would hardly desire to occupy.

To carry sufficient liability insurance to cover all possible damages. In view of the fact that verdicts for damages have of late been in very large amounts, this would require the dentist to carry not less than \$60,000. If he were successfully sued several times, the insurance companies might refuse to bond him. Furthermore, his reputation in the community would not be greatly enhanced by repeated successful prosecution of malpractice suits.

To secure from each patient a written request asking for the operation and a release from all responsibility as to the consequences.

To employ one or more attorneys as his legal advisers, and to arrange so that prompt and efficient action could be taken in the case of malpractice suits.

To refuse to render every form of dental service, save the most elementary, such as the extraction of teeth and the making of plates, to keep minute records of every detail of every operation, never to give the patient the benefit of the slightest doubt of the probable outcome of any work, and to employ only those methods which would permit him to show in court that every step in procedure had the practically unanimous support of the profession for many years past. This involves every specialty of dentistry, such as orthodontia, exodontia, radiography, etc., since the consequences of this suit were by no means confined to cases involving the treatment of non-vital teeth.

These conclusions led me to believe that Drs. X—— and Y—— had placed the entire profession in a position of serious legal danger, of which all members, save a few were unconscious, and that unless energetic steps could be taken to prevent the verdict being affirmed, the consequences to the profession would be serious, since, if this verdict were sustained, there seemed to be no practicable way by which the case

could be reopened and the verdict reversed. In this belief I went to the publishers of this magazine, The Dentists' Supply Company, explained to them the more important aspects of the case as I saw it, said that I wished the DIGEST could take up the fight for securing a reversal of the verdict, and asked them for \$20,000 with which to place the entire matter before the whole profession. They voted the money.

PLACING THE MATTER BEFORE THE PROFESSION

The first step seemed to be to array against the so-called experts for the defense the testimony of men of the highest standing, who were prepared by special knowledge and experience to offer scientifically accurate testimony upon the more important points raised by the testimony for the prosecution. It was essential that in addition to their professional standing and scientific knowledge these men should be of good public spirit, since they would be asked to undertake a laborious and unpleasant task, without remuneration, solely for the benefit of the profession as a whole. It is to the credit of the profession that it was not difficult to make up such a list promptly, right here in the city.

Stenographers were immediately set to work preparing six copies of the more important portions of the testimony of Drs. X— and Y—. This was more of a task than might appear at first glance, because it required the careful copying of about 120 pages of type-writing. The dentists with authority on these lines whose testimony was sought were visited, the major aspects of the case presented, and each promptly consented to do whatever the welfare of the profession might require at his hands. Each carefully studied the testimony. All united in unsparing condemnation of the testimony of Drs. X— and Y—, and all were prepared to take the stand if necessary, if a second trial in the lower court could be obtained. These men agreed verbally in the following conclusions:

That Drs. X— and Y— had made fools of themselves by consenting to appear as experts in a case where they had never seen the patient, and in which their knowledge was necessarily limited to the reading of the testimony given by the defendant at the special examination. The folly was the more conspicuous because the defendant's records of the treatment were very meagre and incomplete.

That their statement that an X-ray photograph taken in February, 1916, would afford a positive means of diagnosis of the peri-apical conditions of an upper first molar was inaccurate.

That their testimony concerning the practicability of amputating the roots of an upper first molar showed either an ignorance which should have kept them from the witness-stand, or a knowledge much greater than that possessed by any one else in

the profession. Two of the leading oral surgeons in New York agreed that no one but a fool would attempt to amputate one or more of the roots of an upper first molar. Their language concerning it was much more vigorous than I care to reproduce here.

That the testimony of Drs. X—— and Y—— that formo-cresol should not be used in possible cases of chronic alveolar abscesses was opposed to the practice of the majority of the profession in Westchester County at that time and of the profession in New York State, and in the country at large today.

That the testimony of Drs. X—— and Y—— to the effect that the use of formo-cresol, as described by the defendant, was a competent producing cause of septicaemia was inaccurate, misleading, and perhaps deliberately vicious.

THE LETTER TO THE COLLEGES

It was thought important to be able to show the teaching of the leading dental colleges upon the X-ray as a means of diagnosis of periapical conditions about first upper molars, and about the use of formo-cresol in cases of possible chronic abscess. A letter summarizing the testimony of the defendant and the testimony of Drs. X—— and Y—— was written individually to each of the 52 leading dental colleges in which the following questions were asked. To save space and time, the gist of the replies received is given immediately following each question.

SUMMARY OF REPLIES FROM COLLEGES

TOTAL NUMBER, 37

1. Do you believe that in the case of a pulp, dead but not disintegrated, the existence of a chronic, blind alveolar abscess can be established in the absence of a fistula or of past or present pain or swelling without X-ray pictures or bacteriological cultures from the apical tissues?

"No," without qualification, 34.

More extended replies: "Only in a limited number of cases it may be determined by percussion or palpitation or both. In the majority of cases it can not be established without the aid of radiograms."

"Not unless the contents of the canals were removed and the pus could escape into the canals."

"A dead pulp will disintegrate. The gaseous elements, ammoniacal and sulphurated hydrogen, will be eliminated as the result of pulp death. The vessels and the nerve filaments may degenerate into pus or they may become dried and remain without causing any disturbance of the pericementum. Usually, these tissues degenerate into pus and escape through a cavity or the apex of the root; but when pus forms

at the apex of a root, the patient is usually subjected to great pain, together with swelling.

"A chronic blind alveolar abscess may be present without a sinus. Bacterial cultures of the fluids from the apex of a tooth root would determine the presence of pus, provided these fluids were not contaminated from so-called pyorrhea or other pus."

2. Do you believe the use of X-ray pictures to have been a part of average dental service in February, 1916?

"No," without qualification, 35.

More extended replies: "Yes, among the best dentists." 1.

"Probably not of the *average*, but undoubtedly part of the *best*." 1.

3. Do you believe that X-ray pictures, in 1916, were capable of establishing a *positive* diagnosis of peri-apical conditions?

"No," 37.

4. Do you believe the application of Formo-cresol to the root canals and sealing it in, as described above, would produce gas which would set up severe peri-apical irritation, favor the necrosis of the process, and be a competent producing cause of septicaemia?

"No." 31.

Not answered. 1.

"Remotely possible." 1.

"No, not likely in 24 or 48 hours." 1.

"Yes, it could produce these conditions, depending entirely upon manner of use." 1.

"Possible." 1.

"The use of Formo-cresol to disinfect the contents of pulp chambers and canals, to inhibit the formation of septic gases is an accepted and routine treatment. Apical irritation may be produced by Formo-cresol, as a chemical irritant, not as a septic irritant. Necrosis might be caused by careless application." 1.

5. Has your college ever used Formo-cresol in the treatment of non-vital teeth?

"Yes." 36.

A more extended reply: "We have not used it as a routine method of practice since 1914. In treatment of root canals we employ graded solution of formalin in creosote from 5 per cent to 20 per cent." 1.

How long?

"Since first recommended by Dr. Buckley." 3.

"Many years." 4.

"15 years." 3.

| | | | |
|-----------------------------|----|----------------------|----|
| "Since its introduction." | 4. | "10 or 12 years." | 1. |
| "10 years." | 6. | "8 or 10 years." | 1. |
| "More than 10 years." | 2. | "7 or 8 years." | 1. |
| "6 years." | 1. | "12 to 14 years." | 1. |
| "Since 1908." | 1. | "2 years." | 1. |
| "About 5 years or more." | 1. | "20 years." | 1. |
| "12 years or less." | 1. | "Only a few months." | 1. |
| "10 or 15 years, at least." | 1. | No reply. | 3. |

Do you still use it?

"Yes." 31.

"No." 3.

"Yes, for putrescent cases." 1.

"Not extensively since 1917 or 1918." 1.

No reply. 1.

6. Have you limited its use to acute abscesses or have you used it for chronic conditions?

"Both." 27.

"Chronic conditions." 5.

"Acute abscesses." 1.

"Graded solutions in both." 1.

"Both in 1916." 1.

"Used as first treatment for all putrescent conditions applied to pulp chamber only." 1.

No reply. 1.

7. Have you had any considerable percentage of unfavorable results?

"No." 31.

"Not less favorable than when other medications were used in an attempt to save a dead tooth." 1.

"We believe we have had some unfavorable results." 1.

"Very few." 1.

"No use for Formo-cresol." 1.

"Unfavorable results will sometimes occur. No one is infallible. The use of Formo-cresol is followed by fewer failures than any other agent." 1.

No reply. 1.

8. Do you regard the removal of the pulp by the methods described and the application of Formo-cresol, as described, as showing a lack of knowledge of the principles of dentistry or of carelessness of procedure, in 1916?

"No." 34.

"It is a general practice, but not always a wise one." 1.

"The only part of the procedure to which I object is sealing Formo-cresol in the root canals, but I do not believe it possible that the manner in which it was used in this case could have possibly been even a remote cause of septicaemia." 1.

"It is only in the past few years that we have known of the action of Formo-cresol on bone." 1.

9. Do you use Formalin in such cases in some other form than Formo-cresol?

"No." 17.

"Yes." 7.

"Rarely." 4.

"Sometimes." 3.

"Not used at all." 1.

"Simply a matter of choice." 1.

No reply. 4.

In addition to these replies made in this brief form, other letters were received from the colleges which will be printed elsewhere.

THE CANVASS OF WESTCHESTER COUNTY DENTISTS

Westchester County, in which Dr. Bauman practises, lies north and east of New York City. It had, in 1916, a population of about 325,000, and the records seem to show that there were then practising in the county 163 dentists. The county includes such cities as Yonkers with 40 dentists, Mount Vernon with 32, New Rochelle with 22, and many with smaller numbers.

A careful canvass was made to determine the number of X-ray outfits in dental offices in February, 1916. It showed that there was one X-ray outfit in a dental office.

A letter was addressed to each of the 163 dentists, summarizing the most important aspects of the case, and enclosing a return government postal upon which were printed questions to which the dentists were asked to reply. To save space, the questions and the summaries of the replies are given together below.

Question 1. In February, 1916, were you in the habit of demanding an X-ray photograph for non-vital upper first molars, if the patient's general health was not good?

Total number of replies received—58. Of these, 3 dentists were in the habit of demanding such X-rays and 55 did not demand them.

Question 2. In February, 1916, if the patient refused to have a tooth extracted or X-rayed, were you in the habit of refusing to work for him?

Total number of replies received—59. Of these, 7 claimed that they would refuse to work upon that tooth, but would do other work. 52 did not refuse to work upon the tooth, though some of them explained to the patient that he must assume the responsibility.

Question 3. In February, 1916, were you in the habit of using formo-cresol for the treatment of non-vital teeth, chronic cases?

Total number of replies received—59. Of these, 13 did not use formo-cresol and 46 did, in chronic cases.

THE PUBLICITY TO THE PROFESSION

Feeling that the case was so important to the entire profession that every dentist should be informed concerning it, the first text page of the May issue was devoted to a brief notice which could be read by the 20,000 subscribers, and 35,000 circular notices were prepared and one sent to each dentist in the United States and Canada who was not a subscriber. Each circular was accompanied by a return government postal on which were the following questions relating to the case, to which answers were asked. 2250 replies were received upon these postals.

In response to the appeal in the June issue of the DENTAL DIGEST 900 subscribers wrote letters stating whether X-ray pictures were a part of their regular diagnostic service in February, 1916; whether the X-ray picture would afford a positive means of diagnosing conditions about the apices of the upper first molar; whether they refused to work for patients who declined to have such pictures taken; whether amputation of the apices of upper first molars is a frequent, successful operation in practice; whether in 1916 they used formo-cresol for the treatment of conditions such as those described by Dr. Bauman; whether they still use formo-cresol in such conditions; whether their experience in the use of formo-cresol has been satisfactory; and whether in their opinion the use of formo-cresol under the conditions described would be a competent producing cause of general septicaemia.

The circular sent to non-subscribers explained why it was impossible to send the magazine free to them during the length of time that might be required for the presentation of the testimony, especially if a new trial was secured, and invited those who considered the information worth \$1.00 to subscribe for one year, that they might have a complete record of the case. The difficulties incident to publishing under the disturbed conditions in the paper and printing trades at the time made it impossible to get these notices out in time for men who might desire to obtain the first of the testimony to return their orders in time. Because there might be some thousands of such men and because some of

them might be sued and every line of the testimony might be of potential importance, it was decided to print a copy of the DIGEST, containing the first part of the testimony, for each of the 35,000 non-subscribers and send it with the Company's compliments. This was done.

THE LEGAL STATUS AT THIS TIME

All of these activities were likely to prove valuable if a new trial could be obtained, but were valueless unless the case could be gotten back into the lower court. In a series of consultations with the new attorneys who were brought into the case for the defense after the verdict by the jury, it was found to be very difficult to prepare an appeal for a new trial in which confidence could be placed. The case for the prosecution was strong, well built, and "water tight."

It is not for me to explain the possibilities and the difficulties in such a case, since I have neither knowledge nor experience in legal matters. I gathered, however, that appeals might be of two sorts; to the Appellate Court where an appeal for the reversal of the decision would be made upon ground of some error in procedure during the trial, that is, where the decision would rest upon the accuracy of the procedure rather than upon the questions of facts, with which the profession was so vitally concerned; or, an appeal to the presiding judge for a reversal of the verdict upon the ground of newly discovered evidence, or any other adequate ground. I was much surprised to find that the sweeping condemnation of the testimony by Drs. X— and Y—on the part of Dental Societies was valueless as a basis for an appeal for a new trial. It looked then as if the whole profession was hopelessly endangered. It seemed impossible to develop new evidence in which confidence could be felt. The interests of the profession were in a bad way.

PERSUASION WITH DR. X— AND Y—

About this time there converged upon Drs. X— and Y— two lines of influence, each considerable in itself, together nearly irresistible. No effort had been made to keep secret what was being done to secure a reversal of the verdict, and among the men who had agreed to appear in the interests of the profession and in opposition to Drs. X— and Y—, were some of their acquaintances in the profession, professional associates, and fraternity brothers. Some of these men told Drs. X— and Y— very plainly that they had gotten themselves into a very unenviable position, that if the case were retried, their testimony would be torn to shreds, and that when the profession as a whole realized how its interests had been betrayed, its wrath was likely to be visited upon them. They were urged to make a retraction which would nullify the harmful effects of the portions of their testimony which were manifestly incorrect.

Such presentations could not be otherwise than disturbing, but they

were not effective in persuading Drs. X— and Y— to recede from the position they had taken on the stand, or to assist in rescuing the profession from the legal danger in which they had placed it. These friends then brought to the attention of Drs. X— and Y— the activities upon which the DENTAL DIGEST was engaged and the fact that the magazine intended to spread the record of the case before the entire English-speaking profession.

This put a different face upon matters. It is one thing to give testimony against an unknown dentist in an unheralded trial, and quite another thing to have the white light of publicity turned upon that trial and every dentist shown that he has been placed in danger by the testimony and by those who offered that testimony.

There are certain men in the profession in New York who labored earnestly in bringing these matters to the thoughtful consideration of Drs. X— and Y—. The profession owes them a debt, but they do not wish their names spread upon the record of the case and they must, therefore, be nameless.

Finally, I agreed that if Drs. X— and Y— would sign a retraction which, in the opinion of the new attorneys for the defense, was adequate as a basis for an appeal for a new trial, I would refrain from publishing their names in connection with the case in the DENTAL DIGEST. I did this, because the interests of the profession urgently demanded a new trial in the lower court, which seemed otherwise unlikely. After much urging they consented. I prepared the retraction, the attorneys for the defence approved it and they signed it. So ended a hectic ten days.

Upon the presentation of the retractions, duly signed and sworn to, the counsel for the plaintiff effected an out-of-court settlement with the insurance company and did not oppose vacating the judgment.

This leaves the legal record as clear as if the case had never been tried. It removes from every dentist the legal danger to which the verdict exposed him. As a matter of record, the remainder of the testimony will be presented in the next issue.

These activities cost The Dentists' Supply Company, publishers of the DENTAL DIGEST, \$15,000.

(Case to be continued)

Resolutions by Dental Societies Regarding the Testimony in the Bauman Case

In the following resolutions by two District Societies of the State of New York, the names of the two witnesses are withheld under the agreement already referred to.

Dr. Bauman resides within the territory of the Ninth District Society, but is not a member of that society.—(EDITOR.)

Newburgh, N. Y., April 10, 1920.

To Whom It May Concern:

The Ninth District Dental Society of New York State, a component of the New York State Dental Society and the National Dental Association, its membership being made up of ethical dentists of Orange, Rockland, Dutchess, Putnam, and Westchester Counties—

Did at its 52nd regular meeting held in Newburgh, N. Y., on Saturday, April 10th, listen to a review of the malpractice case of Williams vs. Bauman tried in Part II of the Supreme Court, Westchester County, commencing March 25, 1920. The Society listened also to a review of the treatment given to Mr. Emmet Williams by Dr. Arthur Bauman, and to numerous extracts from the testimony given by Drs. X— and Y—, experts for the plaintiff, as entered in a copy of the official court record obtained from the court stenographer.

The Society unanimously adopted a resolution instructing Dr. David Wield McLean, its representative on the New York State Board of Dental Examiners, to forward the official copy of the testimony of Drs. X— and Y— to the State Board of Examiners, together with charges against these men as provided by the law controlling the practice of dentistry in New York State.

The Society unanimously adopted the following resolutions to be introduced into the case of Williams vs. Bauman by a committee especially appointed for the purpose:

Whereas, The Ninth District Dental Society in general session assembled, has listened to a review of the testimony of Dr. Arthur Bauman, in the malpractice case of Williams vs. Bauman recently tried in Part II, Supreme Court, Westchester County, and

Whereas, The said Society has listened also to numerous extracts from the testimony of Drs. X— and Y—, experts for the plaintiff, as set forth in the court record,

Be It Resolved: That this Society place itself on record as condemning the testimony of Drs. X— and Y—, above mentioned, as being opposed to common knowledge and common procedure in this profession both at the time of the dental treatment on which the case is based, and at the present time. And furthermore,

Be It Resolved: That this Society place itself on record as supporting in general the treatment given Mr. Emmet Williams by Dr. Arthur Bauman, and specifically on the following salient points of the case and testimony:

1. That since Dr. Bauman found in the upper right first molar which he treated, a non-vital pulp in a sufficiently good state of preservation to permit of its removal as such, there could not have been present a "chronic blind apical abscess."
2. That under the above stated conditions an X-ray picture was not necessary or indicated for the purpose of diagnosis before treatment had commenced; and that should such a picture have been taken, it would unquestionably have shown nothing, for the reason that there could have been present no pathological condition which would have shown in a dental X-ray picture.
3. That the drug, formo-cresol, was and still is very generally used, sealed hermetically in non-vital teeth; that its use was taught in dental colleges in 1916 and still is.
4. That the drug, formo-cresol, sealed hermetically in a non-vital tooth, could not liberate enough formaldehyde gas to cause pressure in the tissues about the end of the root, forcing infection into the tissues and circulation.
5. That hermetically sealing the drug formo-cresol in a non-vital tooth would not be "a competent producing cause of septicaemia."
6. It is the opinion of this Society after careful consideration of the case history that septicaemia was not caused by the non-vital tooth, or by the method of treating it.

This set of resolutions was signed by the President, Secretary, and 42 members of the Ninth District Society.

At the 52nd annual meeting of the Third District Dental Society of the State of New York, held at the Albany County Court House, April 20, 1920, the following resolution was approved and unanimously adopted, relative to the testimony given by Dr. X—— and Dr. Y—— in the case of Ethel L. Williams, as Admx. of Emmet A. Williams, deceased, against Arthur N. Bauman, viz:—

- (a) That this Society disapproves of the testimony given by Dr. X—— and Dr. Y—— as being inaccurate and opposed in vital points to current opinion and procedure in this profession.
- (b) That the absence of pus and pain in a non-vital tooth does not of necessity place it "in the chronic abscess stage." The absence of these symptoms may merely indicate that there is nothing wrong with the tooth at all.

- (c) That pericementitis is not always, and at all stages, accompanied by pus as stated by the plaintiff's experts.
- (d) That if the pulp in the upper right first molar in question had been dead long enough to permit of the establishment of a "chronic blind abscess," the pulp itself would have broken down chemically and liquefied. Therefore, the presence of a non-vital pulp in the tooth would render a diagnosis possible without the X-ray, and would establish the fact that the X-ray was not indicated as an aid to diagnosis.
- (e) That it is the opinion of this Society that a very large majority of dentists were using formo-cresol in February, 1916, and are today for treatment of non-vital teeth; and that only a small minority used then, or do use now, ionization for the treatment of non-vital teeth.
- (f) That formo-cresol hermetically sealed in a non-vital tooth could not liberate enough formaldehyde gas to cause pressure sufficient to force infection and toxins into the tissues or circulation.
- (g) That the sealing of formo-cresol in a non-vital tooth would not and could not be a "competent producing cause of septicaemia."

Another Malpractice Verdict

A jury in the Circuit Court in Jersey City recently returned a verdict for \$9,000 against Dr. Frederick W. Ziebell of 277 Bergenline Avenue, Union Hill, a dentist, for the death of his patient, Mrs. Cornelia Ollert of 4835 Hudson Boulevard, North Bergen. The verdict is in favor of Mitchell Ollert, husband of the woman, who sued for \$21,000 on the ground the dentist failed to properly protect Mrs. Ollert when she was under treatment.

Dr. Ziebell was using an electric drill on Mrs. Ollert June 13, 1916, when a heavy thunder shower broke, and the drill, affected by the electrical disturbances, transmitted an augmented current of electricity that burned Mrs. Ollert's mouth and gave her a shock from which it was contended lockjaw developed. She died two days later. It was alleged that Dr. Ziebell failed to have the wire which transmitted the power to the drill properly insulated. Dr. Ziebell denied this.—*New York Times*.



Determining the Required Sizes in Artificial Teeth

J. A. Wavrin, D.D.S., St. Louis, Mo.

(Third Article)

HERE is a definite relation between the length and width of a given face and the length and width of the artificial upper central incisor which will appear best in that face, provided the mouth is well proportioned to the face and the lip action is normal. That relation may be easily, rapidly, and accurately determined, and is a valuable aid in selecting the required mould of teeth.

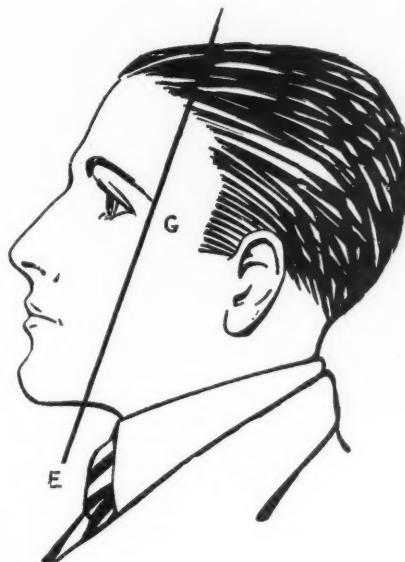


Fig. 9.

To determine that relation with the Trutype Guide, lock Bar 2 so that it is at right angles to Bar 1. Place Bar 3 at right angles to Bar 1, but do not lock it, since it is to be moved inward or outward to conform to the width of the face. Place the Guide upon the head in such a way that while the right-angled relationship is maintained between Bars 1 and 2 and Bars 1 and 3, the inner margins of Bars 2 and 3 are on the prominences of the malar bone, just external to the outer corners of the eyes, as in Figure 9. The Guide should be sloped forward as in Figure 9. The width of the desired moulds of

Trubyte upper centrals may be read in millimeters on Bar 1 at the left of Bar 3. With the Guide held firmly in this position, have some one place a straight-edge, such as a ruler, below the patient's chin. The length of the desired upper central will be read in millimeters on Bars 2 and 3. Consult a table of dimensions of teeth in millimeters. Select a size which corresponds most nearly to the dimensions as read upon the Guide and order by mould number.

This determination of the length and width in no way invalidates the selection for type and form as made when Bars 2 and 3 were caused to follow the inclination of the cheek lines. It indicates which size of the form selected in that way is most desirable. For instance, in form 5 of class II, there are four sizes, 5M, 5N, 5P, and 5R. The reading for length and width merely indicates which of the four sizes is suitable for a given face. It completes the selection which was begun with the selection of the type. As it is not to be expected that the proportions of every face will be exactly those of the typical form, some concession in one dimension will usually be necessary, but even with very considerable concession, the size will be more exact than can be chosen by any haphazard method, and it will have been quickly and easily determined.

In many cases the mouth is not well-proportioned to the face and it may be necessary to select a wider or narrower tooth than harmony with the face form indicates, because in such cases the teeth must harmonize, at least in some degree, with the mouth as well as with the face, in order that they may not appear noticeably wide or narrow. Such compromises can be better made when one starts with a knowledge of the form and size most suitable for the face as a whole.

In some cases the lip action is abnormal, that is, the lip is raised in speaking or smiling to expose an unusual amount of gum. Where this condition exists only to a limited degree, satisfactory results may sometimes be secured by selecting a larger size of the form indicated, in order that more gum may be covered with teeth. Where the action is very marked, it may be necessary to select a longer form of tooth in the same type. Thus, for a person who would normally require a typical tapering form, say, mould 1N, but who raises the lip in so marked a degree as to make that form unsuitable, satisfactory results may sometimes be obtained by using mould 2P, a larger size of the second tapering form, which is of approximately the same width of labial surface, but more than a millimeter longer. The fact that the Guide has indicated that the face requires a tapering form of tooth would be apt to warn the dentist against the selection of a tooth which might be of the desired proportions, but of another type, such as 2E, 1X, or 2Y, any of which would be entirely unsuitable in outline.

In some cases mechanical conditions will make it impossible for the dentist to use the form and size of tooth indicated by the form and

size of the face. The correct surgical preparation of the mouth for plates, as part of the service following extraction of all the teeth, is still confined to comparatively few cases, and there will remain with us for many years a vast majority of mouths for which no such preparation was undertaken. There will thus be thousands of mouths in which the ridge is too long, or is very irregular, or was mutilated by the extraction. When, in such cases, the dentist and patient cannot agree upon surgical preparation of such mouths, the dentist will have to be governed by mechanical conditions not only in making the dentures, but at least in part, in the selection of the teeth. He can make



Fig. 10.

the necessary concessions in size more intelligently, if he knows what type, form and size are indicated for the face as a whole.

Not least among the advantages from the use of the Guide will be the interest which may be aroused in patients in the selection of the correct form and size of tooth. The financially successful dentist sometimes differs from the financially unsuccessful dentist only in that he is a practical psychologist, that he interests and instructs patients and upon the basis of that interest and instruction he builds an appreciation of the value of good dental services. This they may

pass on to others, perhaps with an appreciation of that particular dentist's service which may be wholly of their own construction but is none the less valuable to him.

For the benefit of those dentists who wish to inquire more closely into the methods by which the relations in width and length of faces and teeth have been determined, the following explanation may be added. Dr. Williams has caused to be published a number of photographs like that in Figure 10. These show the shadow of a natural upper central enlarged to the width of the face at the condyles imprinted

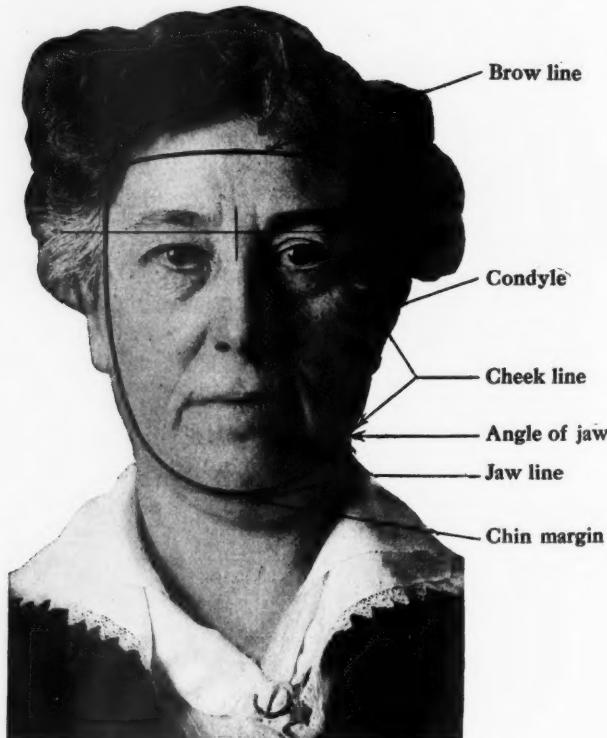


FIG. 11.

This illustration was originally published to show that in the fine natural dentures, most pleasing when critically studied, the outline of the upper central, when enlarged to the width of the face of the condyles and inverted upon the face with the neck of the tooth at the margin of the chin follows the outline form of the face below the condyles and occupies the area included inside the black line. It is here published to show that this relation can obtain only when there is a constant law of proportion between the length and the width of the face and the length and width of

labial surface of the tooth. As it has been found difficult to measure the length of the face from brow-line to chin, the guide should be placed upon the head as already described. The dimensions of the divisions on Bars 2 and 3 have been altered to correspond to the position of Bar 1 on the head.

upon the face with the neck of the tooth at the margin of the chin. He has assured us that the natural dentures from which these teeth were photographed were pleasing when critically studied in relation to the size and form of the face, and has supported that statement with photographs. To my mind the photographs of this sort which he has published constitute the most scientific work which has ever been done upon this subject. They disclose to us a natural law of value to the dentist, which cannot be overthrown, and which, in the selection of the teeth, should be suspended only to gain some important mechanical advantage in a particular case. A diagrammatic representation of this law has been frequently published as shown in Figure 11.

It will be noticed that in Figure 11 the outline of a tooth extends only to what is called the brow-line. When one desires to select the size as exactly as the guide makes possible, it is difficult to use this line as a basis of measurement for length. In the computations necessary for the construction of the Guide this line was moved to a point on the head where Bar 1 of the Guide naturally rests when Bars 2 and 3 are held as and illustrated in Figure 12. In the same way the points on the sides of the face for the placement of the Guide were brought forward from the condyles to the prominences of the malar line just outside the eyes, a much more convenient location.

I made several computations of the length and width of the face between these points as related to the length and width of the labial surface of the upper central incisors, and then sent the instrument and the computations to the Research Laboratory of The Dentists' Supply Company. Their computations corresponded very closely with my own, and the figures on the present form of the instrument are placed as determined by them.

To arrive at its conclusion, the Research Laboratory not only made practical experiments with the device, but took photographs of ninety-seven people whose teeth were fairly harmonious in form and size with the form and size of the face, when seen full front in repose. They measured the width of the spaces between the points indicated and the width of the upper central incisors. They found that the space between these points, on the average, was sixteen times as wide as the upper central incisors. They measured the length of the face between the indicated points and the length of the exposed labial surface of the upper central, and found that the face was, on the average, twenty times as long as the upper central.

To apply these measurements to the Guide, it was necessary only to start the measurements for the width at a point as far from the right hand end on Bar 1 as would allow for the combined width of Bars 2 and 3, since measurements are always commenced at the inner margin of Bar 2 and read at the outer margin of Bar 3. Each division was then made 16 mm. long corresponding to 1 mm. in the width of

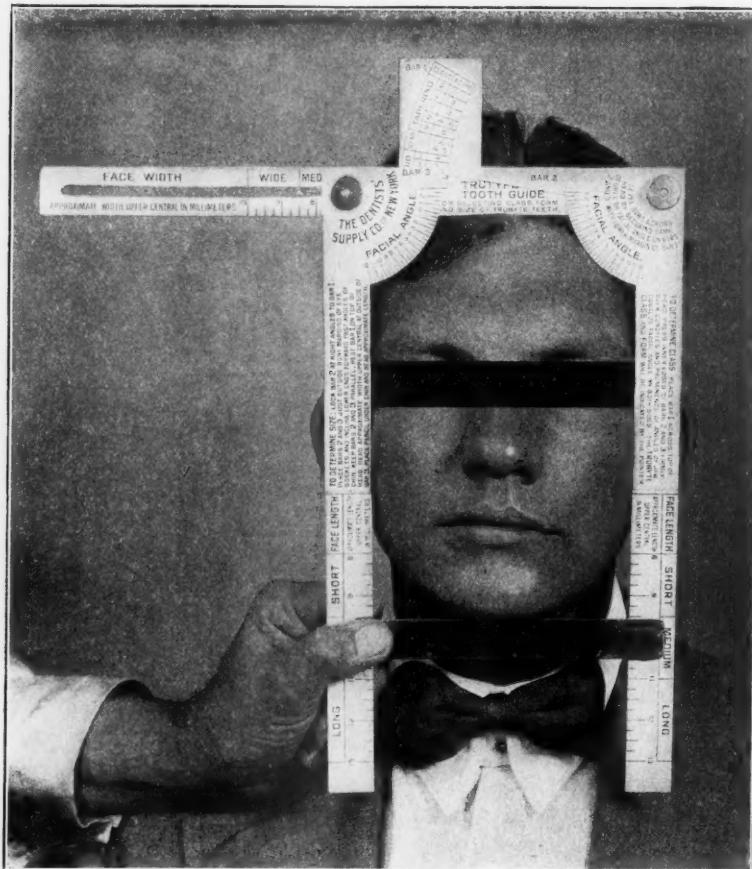


Fig. 12.

the tooth. This computation being made upon the Bar, the dentist may read the width of the tooth directly from Bar 1 in millimeters, and the fractions thereof.

In the same way it was necessary only to begin the measurements for the length upon Bars 2 and 3 at the lower margin of Bar 1, when

Bars 2 and 3 are at right angles to Bar 1, and for each millimeter of length in the tooth to lay off 20 millimeters upon Bars 2 and 3. The enlargement of the dimensions in this manner upon the bar makes it unnecessary for the dentist to undertake any computations, and when the ruler which is placed below the chin comes on the figure 10, upon Bars 2 and 3, the dentist knows that an artificial central with the labial surface 10 mm. in length is suitable for that face.

I am happy to have had even a small part in work of so scientific and practical a character as that which Doctor Williams has initiated and carried so far, and happy to be able to make it more simple and practicable by a device of which Doctor Clapp has found it possible to write that he believes it to be better, at least as a starting point in tooth selection, than the work of any unaided eye, however well trained.

The Value of Dental Services

By F. U. Emley, Belle Plain, Kansas

(AN ABSTRACT)

All work of quality must bear a price in proportion to the skill, time, expense and risk attending its invention and manufacture.

An erroneous impression prevails among many people that the fees of some dentists are exorbitant—an impression based upon an improper understanding of the conditions.

The chief thought of persons seeking dental service should be, how to prevent further mischief and retain what is left of their teeth in as perfect condition as may be, not how cheaply immediate palliation of their discomfort can be secured. Fees must be determined by the skill of the operator, value of the materials used and the time required for faithful service.

Persons who allow the fee to influence them in the selection of their dentist usually have the work done over again to the detriment of both teeth and pocketbook.

Teeth are necessities, not luxuries. Bad is the policy and worse the intelligence that will, for the sake of a few dollars, choose a dentist, not from the standpoint of ability but of cheapness. Cheap dentistry is not economical dentistry, no matter what it costs. There is a point where cheapness ceases to be economy. It is far better to have superior, scientific service in the first place than to be continually annoyed with inferior work. He who charges little for his work gets all it's worth.

Those things called dear are, when justly estimated, the cheapest. They are attended with much less profit to the artist than those things which everybody calls cheap. Beautiful forms and compositions are not made by chance, nor can they ever, in any material, be made at small expense.

Psychology of the Gold Crown

Mr. Roger W. Babson, a Boston banker, writing in the American Magazine, makes the following interesting remarks about the effect of certain forms of dental work upon appearance and success.—
[EDITOR.]

A fine young man came to me a few years ago and wanted to tell me his troubles. He was pretty blue and I didn't blame him. What was more, he was puzzled, and that didn't surprise me either.

The young man had the ability to be a good salesman. He knew it and I knew it. But for weeks he had looked for an opening and no one wanted to take him. I wouldn't have taken him myself. He couldn't make out what was the trouble, but I knew! And when he begged me to tell him, I did.

It was simply this: He had *a gold tooth!*

Now, a gold tooth is all right if it is in a retired position among your molars. But this gold tooth shone like a headlight, squarely in front of the young man's dental outfit. When he talked, you had to make an effort to keep your mind on what he was saying, instead of on that tooth.

Psychologists know that any bright object catches the attention. This fact is actually used in hypnotizing people. And that was precisely the trouble in this young chap's case. The men to whom he applied for a position couldn't see or think about anything but his gold tooth. They knew that customers to whom he might try to sell goods, would feel the same way. It would definitely interfere with his work. And for that sole reason, they turned him down.

When I told him this, he was amazed. He hadn't been conscious that his gold tooth was staring people out of consciousness of anything else about him; but he took my word, had an inconspicuous porcelain one put in its place—and got a position forthwith.

Personal appearance is a big factor in the impression a man makes. Take the teeth, for instance. Believe me! a horse is not the only animal whose teeth influence a purchaser. They do it in the case of the human animal as well, when his services are on sale. Good and well-kept teeth are a distinct asset.

Southern Academy of Prophylaxis and Pyorrhea Organized

The Southern Academy of Prophylaxis and Pyorrhea was organized in Atlanta, Ga., on June 12, 1920. Prominent dentists from several southern states interested in preventive dentistry constitute the charter membership. Dr. J. R. Mitchell, of Atlanta, was elected president, and Dr. Robin Adair secretary.

The second meeting of the new society was held on June 26th, the guest being Dr. T. P. Hyatt, of New York. The morning session was devoted to a clinic, and the evening session to a dinner for Dr. Hyatt, after which he read his paper.

The membership of the society is limited to those whose practice is at least half prophylaxis and pyorrhea, and will be by invitation.

Death of Dr. Stevenson

Dr. Albert H. Stevenson, Professor of Preventive Dentistry in Columbia University, originator of the "Tooth Brush Drill," well known lecturer in public schools, mothers' clubs and settlement houses and active worker in the public health service of the New York Chapter of the American Red Cross, of which he was chairman of the Oral Hygiene Committee, died July 28, 1920.

Dr. Stevenson was born in Brooklyn in 1884, and was graduated from the New York College of Dentistry in 1906. In 1907, as a member of the Second District Dental Society, he became interested in public health education, particularly oral hygiene, and the following year was made chairman of the Oral Hygiene Committee. While serving in this position he originated the "Tooth Brush Drill."

After the establishment of the Schermerhorn Dental Clinic for the Brooklyn school children, in which Dr. Stevenson was very active, he became a member of the Committee on Oral Hygiene for the State of New York, and was instrumental in obtaining passage of the law legalizing the dental hygienist in New York State. Pennsylvania and other states passed similar laws largely because of Dr. Stevenson's activities.

Appointment as assistant to the Director of Extension Teaching, in charge of the courses in Oral Hygiene, in July, 1918, marked the beginning of Dr. Stevenson's connection with Columbia University. The following January he was put in charge of the Advanced Course in Dentistry, a post-graduate course. He was appointed Assistant Professor of Preventive Dentistry in July, 1919, and was advanced to a full professorship in July of this year.

Dr. Stevenson was consulting dental surgeon, Oral Hygiene Department, Presbyterian Hospital; member of the Committee on Public Health and Education of the Second District Dental Society, 1910-1911, chairman of same, 1912-1913, president 1914; member of New York State Dental Society and the National Dental Society; member New York Dental Research Club and delegate to House of Delegates of the National Dental Association 1919-1920.

Are We Being Stampeded?

By J. E. Waterbury, D.D.S., Los Angeles, Cal.



HAVING read Dr. Kells' paper presented to the National Dental Association meeting, and the able discussion of it by Drs. Tileston and Raper, I wish to say that I, for one, am mighty glad to see some of the men of weight and power in our profession arising in righteous wrath and indignation to stem the tide of reckless tooth waste now rampant among the physicians and credulous (and therefore easily stampeded) dentists.

The Drs. Mayo sure started something when they made their now famous declarations about the dentists and tooth infections, and we, poor deluded mortals, felt quite "puffed up" about it, little dreaming that the physician on our block who had heretofore never known the difference between a tooth and a pimple would suddenly blossom out as an expert diagnostician under its stimulus, blithely informing our patients that "Pyorrhea and abscesses cannot be cured," and advising the wholesale extraction of everything which his ill-advised radiographic machine seems to condemn.

"I will not be responsible," he tells them, "for your health or life unless you have those dangerous teeth extracted immediately!"

Are we not all getting a taste of this sort of stuff these days? And the poor frightened patients "fall for it." Why shouldn't they? Isn't the doctor the conservator of their health?

I should say not! Let me rise right here to ask a simple question, that will put a crimp in that thesis at once, or, suppose we let this patient put it to this doctor.

"Well, doctor, will you be responsible for my health if I have these teeth extracted?" You know what the noble conservator of health would say—or rather what he wouldn't say.

There is no one responsible for the health or life of human beings except themselves—and God.

Physicians have blundered a good many times in the past, which no doubt accounts in part for the alleged fact that there are "thirty thousand or more of them in the United States that are not earning a decent living."

But in my opinion never have they blundered so completely and in a way that will react so quickly against them as in this tooth matter. There are going to be a lot of "sore" people when they get the sore mouths of plate wearers and sore teeth of risky inlay and other replacements, and realize that it might all have been avoided but for the faulty advice of Mr. Family Physician.

I like the doctor well enough, and usually call one in if any member of the family seems seriously ailing, but it is more as a tradi-

tion than anything else, just to feel that "in case anything happens I've done all that could be done." But when they go to "butting in" on the welfare of my dental patients I object, and I can't for the life of me see what line of thought, if any, is being pursued by these dental brothers who are talking about forming "dead teeth clubs." Can't they see that if the dentist conceded the non-vital tooth a menace, it puts bridgework of all kinds on the shelf, precludes the use of all large inlays and other restorations that might menace the life of pulps; and, granting also that pyorrhea is equally dangerous and incurable, relegates dentistry to the extraction of teeth and the making of plates —its exact status of sixty years ago—with the exception that of course he can now call his plate a "removable bridge" and thus collect a five-fold fee.

If many of us did not know positively that abscesses, even "chronic" ones can be cured and made permanently useful, and that pyorrhea can be both cured and prevented by proper and skilful surgical procedure, it might not be so hard to give up the achievements and advances gained from fifty years of painstaking effort and scientific investigations, but having positive clinical and even abundant radiographic proof, we are going to "die hard" in this struggle with radicalism.

It is a "fad," of course, like analgesia, Emetin therapy, and a dozen more; but it has the added menace of the doctors who, like "_____ rush in where wise men fear to tread."

I was going to say further that I disagree with Dr. Raper's valuation of the radiograph in pyorrhea diagnosis, because a radiograph is only a *shadow*, and it therefore cannot and does not show conditions that exist either on our side of the tooth or on the other side, so that what appears only a slight line of abnormality may be but the mere edge of a deep and bad "pocket," fore or aft, that friend radiograph would pass by unnoticed and untreated. In fact, bad "pockets" sometimes do not show at all.

The best diagnosis for pyorrhea is the delicate exploring instrument in the trained and experienced hand.

I was going to say this, but as I am a believer in one thing at a time, and I was talking about ruthless tooth extraction, I will not say it—at least not any more of it at this time.

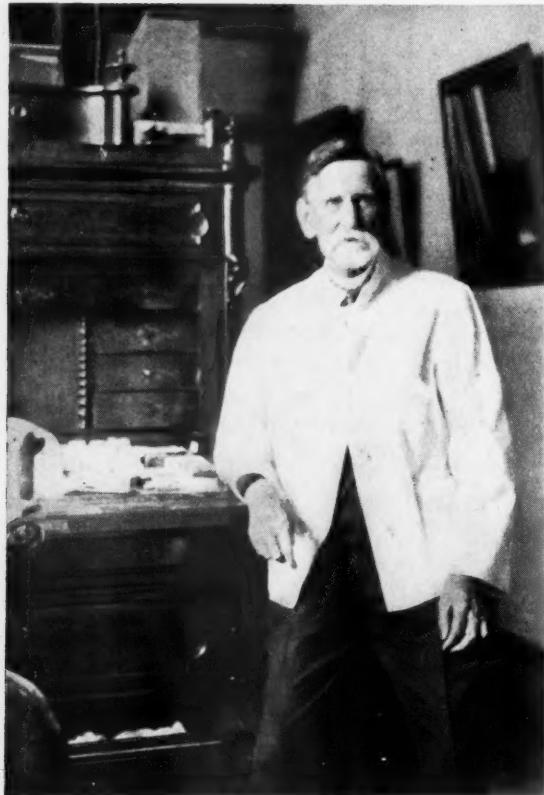


Fourscore and Five and Still Going Strong

By T. A. S.

There is now located in the practice of dentistry in the city of Honolulu, Hawaii, one of the most unusual characters that the writer has ever met in his twenty-five years of association with the dental profession.

The name of this dentist is Dr. J. M. Whitney. No one would realize that the doctor is past his eighty-fifth year. The sweetness of



Dr. J. M. Whitney.

his character radiates all over his face, as the accompanying picture indicates, and if any one should wonder how a man of this age could continue in active practice, let me state that he posed for exactly twenty seconds when this picture was exposed. There isn't a tremor in his head or hand.

He has taken a great deal of pride in the conservation of all of his professional records. The first chart of an operation dates back to October, 1869, and it is a strange coincidence that the missionary for whom this work was done was alive and in Dr. Whitney's office for professional work during the week of my visit.

A general survey of Dr. Whitney's office will convince any one that he is a progressive dentist, even at this epoch in his practice. He has a number of Electric Engines, one of which is held in reserve for especially delicate work. He has a large, well-equipped laboratory adjoining his operating room, and he prides himself in taking care of any part of the practice of dentistry which may require attention.

The cabinet beside which the doctor is standing is a very interesting article of furniture. It is one of two pieces of furniture presented by one of the European monarchs in early days to the then reigning king of Hawaii. After the ceding of the islands to the United States Government, Dr. Whitney was fortunate in securing this piece of household furniture, as it was excellently adapted for his professional work.

The doctor's office is located in the Boston Building, which is one of the most important professional office buildings in the city of Honolulu. His hours are from nine to five, and it is seldom that a strange patient could call and find him free for immediate attention. Future appointment would undoubtedly be necessary.

Neglecting Their Books

There are more than 45,000 dentists in the United States. Out of that number not over 500 buy books relating to their specialty, or read them. The reason for this needs much explanation. Dentistry is a part of the healing art. There is no reason why the dentist should not be as well educated as the physician and hold an equal position in the community. It is high time that the profession itself awoke to the situation and demanded better qualified graduates from our dental schools.—DR. E. S. TALBOT.

Property

Property is the fruit of labor; property is desirable; is a positive good in the world. That some should be rich shows that others may become rich, and hence is just encouragement to industry and enterprise. Let not him who is houseless pull down the house of another, but let him work diligently and build one for himself, thus by example assuring that his own shall be safe from violence when built.

—ABRAHAM LINCOLN.

The Intelligent Use of a Dental Chair

By Mr. J. L. Brewster

Delivered before the Ninth District Dental Society of New York on April 10, 1920.



ENTISTRY has advanced in almost everything during the last few years except in the technic of caring for the physical welfare of the dentist while operating. The majority of dentists today are working over modern chairs just as they worked over the chairs of fifteen or twenty years ago. They are making their own work unnecessarily hard, finish the day very much fatigued, and frequently exhaust themselves years before their time.

The college course does not teach a dentist how to handle a chair in a way to make it do the things for which it is intended. The average dentist, therefore, graduates without much knowledge of how to take advantage of his chair. He does not seem to appreciate that he cannot wear out a chair, but that a chair improperly used will wear him out.

The intelligent use of a chair requires most dentists to think along lines which are somewhat new to them. They should recognize that a chair is a piece of adjustable machinery for the comfortable positioning of the patient and for the benefit of the operator. The patient is in the chair for a comparatively short time and at relatively long intervals. The dentist is beside the chair, working upon patients in it for several hours each day. The proper use of the chair makes it easily possible to place the patient in comfort and to enable the dentist to stand erect during all of his operations. Every time the dentist is compelled to bend over or stretch his body, he is consuming energy and forcing his own back to assume angles which the chair should assume.

The three parts of the chair in which the dentist is immediately interested are the seat, the back, and the headrest. Each part has certain duties to perform. If the dentist understands what these duties are, he can cause the three parts to work together for his greatest benefit, and the comfort of the patient.

The seat of the chair is intended to carry the weight of the lower portion of the patient's body. In order that it may do this and still make it possible for the back and headrest to do their work properly, the patient must sit clear back in the chair so that the patient's hip-joint and the hip-joint of the chair are in the same line. This position of the patient makes it possible for the dentist to take advantage of the angles of the chair. Every time that the patient slips forward on the seat, it throws these joints out of proper relation and makes it impossible for the dentist to take advantage of the chair's adjustable features.

The tilting lever of the chair should not be used except for resuscitation of patients. It is intended to facilitate the obtaining of a prone position when that is necessary.

The angle of the patient's body for operative procedure should be obtained by the adjustment of the back at the hip-joint of the chair. The function of this part of the chair is to support the upper part of the patient's body at the small of the back. The small of every person's back is in the same relation to the seat of the chair, irrespective of the person's height. When once the back of the chair has been adjusted to support a human back properly, it should never be moved except in order to work for children.

If the back part is to support the weight of the back at the small of the back, it should be inclined to a supporting position. That position is an inclination of an angle of about forty-five degrees to the floor. This brings the upper jaw into right relation to the operator.

The headrest is intended for the positioning of the patient's head for the convenience of the dentist. It is intended to hold the patient's head firmly in a working position convenient to the dentist and in as comfortable a position as possible for the patient. It takes the place of a vise, which cannot be very well used in dental offices. The position of the headrest must be changed to accommodate the length of the patient's neck. It should be remembered, also, that a woman's head is always in line with her shoulders, while a man's is always forward from his shoulders.

These arrangements place the majority of patients correctly for examination and for some work on the lower jaw. If it is desired to change the angle of the jaw for convenience of the operator, it must be secured by inclining the backrest or moving it forward according to the angle desired. To get the lower jaw down, the backrest should be moved forward.

The dentist who will observe these simple rules and practise them until he has made them a part of his routine work, will find himself much less fatigued at the end of the day, and will notice that he is putting much less strain upon his nervous system, upon his spinal column and upon his eyes.



An Advertising Campaign for Boston Dentists

WE have received at this office the proof of a newspaper advertisement covering one page, upon which it is stated in small type, at the bottom of the page, that this is "published in the interests of the conservation of teeth by Boston dentists."

GOOD TEETH

Are Vitally Important

to Your Good Health

DISEASED TEETH are common—in fact, tooth infections are now so very common that there are but few people who do not have at least one abscessed tooth and who are therefore not exposed to the dangers of consequent inflammation. In the following, a form of tooth trouble, certain afflictions of the eye and a train of other troubles, all more or less serious.

The relations of disease of the teeth to disease of the general system—

is strikingly illustrated in the thousands and thousands of cases that are discovered every day all over the world. In many cases, molars or other teeth affected have caused trouble differing until finally revealed through the use of the wonderful invention—the X-ray, making possible excellent treatment.

We all had 32 teeth to start with.

but how many people know the fact? There are very few men and women who reach their twenty-fifth birthday with every one of their teeth intact.

Dread teeth, under any name, are a constant source of danger—

and after abscesses have formed on their roots their removal is a curse.

If you have reason to believe that your teeth are not perfectly right

have them taken care of at once—

for prevention is an early stage is the one best preventive.

Good teeth, under any name, are a constant source of danger—

and after abscesses have formed on their roots their removal is a curse.

If you have reason to believe that your teeth are not perfectly right

have them taken care of at once—

for prevention is an early stage is the one best preventive.

All dead teeth should be carefully watched by semi-annual X-Ray examinations for signs of recurring trouble. If these signs develop, the teeth should receive immediate attention, even if this should necessitate extraction.

EXAMINATION BY THE X-RAY shows that there are very few people who are free from diseased molars.

In Checks, X-Ray examinations revealed dental infections in

| |
|---|
| 56% of those examined who were under 12 years old. |
| 12% in those between the ages of 25 and 30 years. |
| 18% in those between the ages of 29 and 39 years. |
| 8% in those between the ages of 40 and 50 years. |
| and at least 60% in all those who were more than 50 years old. |

THE X-ray is to the scientific dental diagnostician what the microscope and the test tubes are to the medical diagnostician. The picture that appears on the X-ray plate or film tells the trained interpreter of these films a story as definite and conclusive as a sure throat or a boil on the back of one's neck would tell an ordinary observer.

WITH the advent of modern dentistry the more extensive and intricate varieties of tooth repair have been perfected, which makes it possible to save teeth which, by all the laws of health, should never have been retained in the mouth. In many cases, however, due to faulty and erroneous dental work, and under continually improved dental appliances, there frequently develop conditions that are as actual menace to the life of the patient.

THE absorption of poison and toxins from these decaying areas of infection are an actual cause of rheumatism, neuritis, scatica, gastric and intestinal irritation, ulcerations in various organs, diabetes, kidney disease, derangement of the heart and blood vessels, and increased susceptibility to venereal, tuberculosis, syphilis, and all wasting diseases.

THE Dental Section of a well-known life insurance company has recently presented a chart figure illustrating the nature of the most dangerous conditions. In the examination of 2437 teeth with dental plates, they found 1404, which showed a penetrating condition in the tissues surrounding the roots, which decomposing products were absorbed day and night into the system of the owner of the teeth.

IT is conceded by the best dental opinion that the day that these areas can be cleaned up, and the root canals of infected teeth properly sterilized and filled, such teeth are infinitely better out of the head than in. They should be removed, and their place filled by a removable plate of removable bridge-work, or some other safe and safe denture.

THERE can be no doubt that a complete X-ray examination of the upper and lower jaw is one of the best forms of life insurance protection. It is a simple procedure, the taking of the plates entails no pain or physical discomfort more than does the taking of any photograph. It is a simple procedure, the taking of the plates entails no pain or physical discomfort more than does the taking of any photograph. It is a simple procedure, the taking of the plates entails no pain or physical discomfort more than does the taking of any photograph. It is a simple procedure, the taking of the plates entails no pain or physical discomfort more than does the taking of any photograph.

And it indicates exactly when this process can be initiated in so as to stop it before it proceeds further.

Take care of your teeth now and save all the trouble.

However, if your teeth are broken, your dentist should be consulted first before having them examined by X-Ray.

Copyright of the author of the COMFORT OF TEETH by Bruce Sherriff

No data is available as to the organization by which this advertisement was placed, in what papers it appeared, or what results there have been. All of these would be interesting information.

It is very probable that the text of this page was written by a newspaper or advertising man who derived his information from dental sources. In fact, this would be the logical and proper method of procedure, rather than for dentists to attempt to write their own publicity, since their skill in writing would hardly be equal to their skill in operating.

The advertising man has probably somewhat exceeded the information supplied to him by his dental instructors, when he states, "The picture that appears on the X-ray plate or film tells the trained interpreter of these films a story as definite and conclusive as a sore throat or a boil on the back of one's neck would tell an ordinary observer." Unfortunately, X-ray diagnosis has not yet reached this highly desirable stage. Probably no thought was further from the minds of those who wrote the advertisement than to create wrong impressions or arouse false hopes in the minds of the public, yet this sentence is well calculated to do it.

The most of the page is very well written, and the matter is very attractively prepared. If a reading-glass be used on the reduction necessitated by the page size of this magazine, it would probably be possible to make out most of the text.

An Indignant Protest

This is to notify the public that reports to the effect that I am sick are erroneous.

If I am ill, pure gold has the mumps.

I did admit to a friend that the way some folks act these days makes me feel sick, but that is all there is to it.

Never in all my long, illustrious life have I felt so useful; it is pep, not pip, that I have.

Maybe I am not as popular as once, but the day will come when people who now treat me with contempt will be glad to have me for a pal.

If I cannot do the things I used to, it is only because I am not given the chance; organically I am sound and I want it known that by the might of my sacred E Pluribus Unum they don't make them any better.

Therefore, be it known by all men, women and little children that if you save me now when it can be done without much trouble, later on I will save you from trouble.

I ring true, that's what I do, Save me, oh, my brother, save me!

Yours for an Easy Chair in Your Old Age.

U. S. DOLLAR.

BUY W. S. S.

Montenegrin Dental Technique

A Red Cross man strolling into a village blacksmith's shop in a Montenegrin town, was surprised and somewhat horrified to see, among the nails and old horseshoes on the floor, a number of human teeth.



A Montenegrin Dental Office.

What had happened, he wondered. Had there been a tremendous fight? It must have been a terrific row to have scattered the teeth of the combatants all about the place. Yet the smith was quietly working away

with his bellows and his tongs, and a small group of villagers was waiting, each for his horse to be shod or his ploughshare to be repaired. They seemed very peaceful, under the circumstances.

Discreet inquiries, however, soon explained the presence of so many detached bicuspids and incisors. The Red Cross man learned that the blacksmith, who is in a Montenegrin town, more or less a jack-of-all-trades, augmented his income by acting as dentist for the community. When a tooth bothered a Montenegrin he sauntered out to the village smith, whose dental tools consisted of a pair of hand-made forceps. The patient was backed against the wall, the forceps inserted, and then—there was a yell, and the offending molar was waved before the eyes of the victim.

Sometimes the trouble-giving tooth was pulled, and sometimes one or two good ones fell by the wayside before the unruly one was located. However, for this extra work there was no extra charge, the patient paying only for the extraction of the bad tooth. The fee was a few cents, but from fitting horseshoes, repairing watches and agricultural implements, and sharpening knives, the dentist-smith waxed wealthy.

Then came a change. The Red Cross arrived and a room was fitted up with all sorts of bright instruments and whirring, buzzing things. For days and days the Red Cross doctor waited for a patient, but none came. Finally an aching tooth overcame fear. A hillsmen sauntered in and asked to have the tooth pulled. The dentist remonstrated. Only a filling was required, but the man had never heard of that. Finally he submitted and the first American victory was gained in Montenegro. The fame of the dentist spread, with the result that today the smiths have checked one item from their income tax report, and human teeth no longer are a by-product of the blacksmith shop.

Home Hygiene

"You-all gotta wait fo' yoah supper 'til I ster'lize de ice pick," said a colored cook to her mistress. "I done drop'd it on de flo' and de hygiene teacha tol' me to be careful er germs."

This was heard in a small town in Georgia where a course in Home Hygiene was being offered to the colored women by the Red Cross Public Health Nurse. The instructor pictured to them vividly the spread of bacteria, and told them that germs could be carried to food by dirty handling and by contamination of soiled dish-towels, unsanitary refrigerators, and so forth.

After the first lesson women reported that their cooks came home, scrubbed the refrigerator, cleaned the stove, and burned up all the dish-towels.

Dr. Frank Crane Writes an Ad.

The United States of America is the biggest business concern that is, or ever was, on the face of the earth.

It is composed of over a hundred million partners, among whom the average of business ability and respect for law is higher than in any other group of people in the world.

It is not well managed, because it is a nation, and no nation is managed well, on account of the traditional nonsense inherited from the days of monarchies. Some day nations may be run as business concerns; at present they are run like college fraternities or women's clubs.

But the United States is better off than any other nation. Its Government is the most secure because it is the most easily changed, and the people in it have the final say-so.

More people have a little extra money now than ever before. They are buying many things they don't want. They are investing millions in wild-cat concerns.

If you have any money, it is the purpose of this advertisement to tell you the best possible place to invest it.

Buy the Liberty Bonds, Victory Bonds, or War Savings Stamps of the U. S. A. Some of you bought them during the war and are chagrined now to see they have fallen in market value.

But remember that these government securities, though their market value is less, have as much real value as ever.

All that was said during the war about their absolute security is true today, and always will be true.

Their market value is off a bit simply because so many foolish people are selling them.

A Wall Street correspondent says: "The security back of the Liberty Bonds has not been impaired in the slightest degree, and if held to maturity there is no question they will be redeemed at par. Buyers at present prices are assured of an exceedingly attractive interest yield. The idea underlying the issue of all the Liberty Bonds was that the people should purchase them as an investment rather than as a speculation, and as an investment they are as good today as they were on the day they were put out."

You can buy these bonds now to net you a yield of 6 per cent.

If you do not know just what to do with your money; if you are confused and in doubt, buy the U. S. A. securities.

They are the safest securities known.

Buy U. S. A. securities. Don't sell. Keep what you have. Some day you will be glad of it.

—Buy W. S. S.—

DENTAL LAWS

No Regular Dental Laws in China

By Alphonso Irwin, D.D.S.

CHINA

In view of the tendency on the part of *some* Dental Journals to exploit China as a desirable field for dental practice, tempting to the alien dentist of an enterprising spirit, we deem it expedient to make known the latest and most accurate official information upon the subject in continuation of the discussion in regard to the "Flowery Kingdom," published in the March, 1920, issue of the Dental Digest. This course is rendered still more urgent by the number, frequency and nature of the questions which are addressed to us respecting China. It is high time for the *truth* to be proclaimed to dentists about China, and the possibilities open to foreign professional men. We therefore throw some light upon the situation in the *Northeastern* and *Southeastern* parts of the Empire.

When we reflect that the *Chinese Empire* and its *Dependencies* cover a total area of 4,376,000 square miles, and includes a population of nearly 400,000,000, it must be conceded that the subject is a large one, and that the eighteen principal Provinces should be considered separately and with some regard for the outstanding features of the greatest interest to a foreigner. The language, customs, civics, wealth and special resources are of vital importance to the young and venturesome dentist who would locate in their midst.

Tientsin, China, April 27th, 1920.

"There are no laws governing the practice of dentistry in China. However, all dentists in this territory, most of whom have been in China many years, probably hold requisite certificates from their governments entitling them to practice dentistry either in their own countries or elsewhere."

Essential Information: The Tientsin District includes Peking. The foreign population includes 4,752 Japanese, 1,371 British, 1,043 Americans, 613 Germans, 202 Belgians, 194 French, 167 Russians, 124 Austrians and Hungarians, 87 Italians and 398 of other nationalities. In 1919 the estimated number of Americans in the Consular District was 1,200, exclusive of the military who number about 1,300 in Tientsin and perhaps 300 in Peking. Tientsin constitutes the distributing territory of North China, aggregating an area of 880,000 square

miles and a population estimated at 45,000,000. About 80 per cent. of the population is rural. It should be noted that in Northeastern China, the provinces of Chihli and Shansi, Honan, north of the Yellow River and all of eastern Mongolia are included in the Tientsin District. Peking, the capital of China, and Tientsin, each contains about 1,000,000 population.

The residents of the towns and cities are mostly traders, shopkeepers and laborers, but the industries are of the primitive sort, including farming. Eastern Mongolia is sparsely settled with scarcely more than five persons to the square mile. The people throughout the District are quite friendly and heartily welcome dealings with Americans. While the purchasing ability of the masses is low, yet there are many wealthy Chinese who handle considerable capital.

Except in Mongolia, the language spoken throughout the District is the Mandarin or Northern Chinese.

The territory tributary to Tientsin, the distributing center and gateway of the District, also includes that portion of the *Shantung* Province north of the *Yellow River*.

Climate: The climate of this region is similar to that of the northeastern part of the United States, except that it is drier. The temperature varies from about zero to 100 deg. F. A rainy season occurs in June and July. The average annual rainfall is about twenty inches.

Saigon, Indo-China, March 19th, 1920.

The practice of dentistry in the Colony of Indo-China is governed by the same requirements which are enforced in France. It is necessary to pass an examination and receive a dental diploma from the Faculty of a dental school in Paris. (The French dental law requires a French diploma of dental surgeon received from the Medical Faculty of Paris, Lyons, Bordeaux or Nancy.) It would probably be difficult for an American dentist to install himself in practice in Saigon at the present time.

Collateral Information: The foreign population, exclusive of Chinese and Japanese, is about 230,000, comprising Saigon, Cholon, and Giadinh. All are Annanite or Tonkinese except from 4,000 to 5,000 Europeans, nearly all of whom are French.

There is artificial gas. The electricity used is 120 volts, direct current. The summer nights are not cool. There are mosquitoes, plenty of them. There are three dentists in the city, all of whom are French.

The prospects are not very bright for dentists in Indo-China. The natives, even the high class, take very little care of the teeth, and the French prefer their own professional men. The cost of living is ab-

normally high, while dental fees are lower than those paid in Shanghai and Hong Kong.

The business with the high class Annanites is small and appears to consist mainly of extractions. Although a degree from a French University is usually required, the right to practice may be obtained when the applicant holds a dental degree recognized by the French Dental Profession. A passport is required to enter Indo-China. English is very little spoken.

Whether a *dentist should learn the native language depends on how his native clientele develops*. A practical knowledge of the French language would prove a distinct advantage.

American Consular Service.

Shanghai, March 3, 1920.

So far as this office is aware there are no specific regulations for licensing dentists in this port.

(Signed) AMERICAN CONSUL-GENERAL.



Success Questions

No. 2

By George Wood Clapp, D.D.S.

A certain dentist, who ceased practice and connected himself with a commercial house, was in the habit of buying clothes at one of the establishments of good standing in the city where he resided.

On several occasions the salesman said, "Shall I charge this, Doctor?" He usually replied, "No, I will pay for it," but on one occasion he said, "You may if you wish."

At the credit desk to which the salesman led him, there seemed a little hesitation about opening the account and the credit manager asked numerous questions. Finally he said, "Doctor, are you in practice here in the city?" The dentist replied, "I no longer practice. I am connected with So and So." And he described his connection and position.

"Oh," said the credit manager, "that completely alters the case. We shall be pleased to open the account. May I explain, without hurting your feelings, that we have to be damn careful about giving credit to physicians and dentists?"

Without overrating mercenary objects, is it a source of any pride to us that we belong to a group of whom credit managers must be extra careful?

Is that man a success who in adult life cannot readily buy a suit of clothes on credit because he is a dentist?

What is success for a dentist?

If you have any answer that will throw light on the question, either the story of your own experience or your own conviction, send it in. If I can use it to help, I will conceal your identity and pay you.

Ethical Parables

Number 4

By George Wood Clapp, D.D.S.

Busy as he was, the next dentist was not too busy to answer the philosopher's questions. "This practice," said he, "is a good demonstration of the application of ethics in practice. I do my best for each of my patients. I am happy in retaining their confidence so that they return from year to year, sometimes to the second and third generation."

"It must take a great deal of reading and study to maintain your skill on a level which justifies such confidence," and the philosopher looked about for the professional library from which such knowledge would be drawn.

"Well, you see," replied the dentist, "I work hard here all day and sometimes in the evening. When I get home I am too tired to read, especially professional subjects. They taught us in college to do the more important operations, and of course I've learned something by experience. Dentistry is merely extracting, filling, cleaning, making plates and a few other things, and you don't have to read much to do them."

"I am disappointed," said the philosopher. "Your excellent moral character and your kindly manner aroused my hopes. You enjoy, but do not deserve, the confidence of your patients. The advances in technic of the last ten years must be largely unknown to you, and your patients cannot profit by them while they trust you. You are failing in the unspoken but most important part of each transaction.

"Until you justify the confidence you enjoy, you cannot be ethical."

Answer to Success Questions

By J. F. Nelson, D.D.S., Cottonwood Falls, Kansas.



IFTY years ago success in dentistry might have meant service. If I were an idealist, it could still mean service—to me. But among all my patients and acquaintances I fail to find any idealists. If I desired to grant service to them free of charge, they would accept it because it would be economy. They would not, however, join together in one grand band of philanthropists and present me with a beautiful home and a fat bank account in return for this service. And when I had reached the end of my period of service, from lack of funds or old age, they would say, "there goes old Doc. Nelson: A miserable failure; no home; no money." If, on the other hand, I charge as much as I can possibly get for every blessed thing I do, and add on as many extras as I can possibly put over; if fillings come out, I charge the regular price for replacing them even though they have been in only a few weeks; if I X-Ray everything that comes into the office, or extract every tooth that the patient will allow me to replace with a bridge; and if I use foul means or fair of every kind to get patients away from my brother practitioners; if I do these things, however unfair, I will "get the money" and when I retire from practice these same people will say, "there goes Doctor Nelson, one of our respected citizens."

This contrast is somewhat overdrawn, but it is a fact that the majority of dentists who are making real money out of the profession, are more or less unfair, while the ones who are absolutely fair with their patients and the profession are not making enough money. Which class is successful? Which class would you rather belong to? When we consider the vale from whence we came and the great desirable beyond to which we are going, and, when we listen to the still small voice that came with us into this life, we desire to be "Old Doc Nelson," who did his bit for mankind according to the dictates of his own conscience, regardless. But, when we view the surroundings of this life and its endless turmoil for material things, it is nice to be "Doctor Nelson," who accumulated a fortune and can live and die amid comfortable surroundings.

So, practically speaking, in all walks of life, we find ourselves considering the man who makes money and saves it, a success. The more money he makes and saves, the greater his success. The money in itself, perhaps, is not his success. But it enables him to do the things that he sees should be done—to grasp the opportunities that present and put them over in the way they should be done. Thus he feels the thrill of accomplishment—of something big, and he has done the thing in the way he desired, therefore it has made him more money and he pro-

ceeds to something greater. He feels his power; others feel it. He is successful. But the man who goes through life always in debt; never financially able to grasp an opportunity—even though he be ever so honest—is not considered a success.

So I am convinced that the five hundred dentists in the certain city, who are unworthy of financial credit, as mentioned in the Dental Digest of July, are not successful—from the viewpoint of the civilized world of which they, as well as we, form a part. If we could get a correct line on this class of men in our profession, we could classify them as follows:

Class 1—Those who live extravagantly and those who are deliberately dishonest—the black sheep that are found in all walks of life, an ever present evil. I think God alone knows the remedy.

Class 2—Poor collectors and poor managers. When our colleges give a comprehensive course concerning the business side of dentistry, or when the profession adopts some such plan as I am going to suggest, this evil will be reduced to the minimum. In the meantime much is being done by our journals and manufacturers along this line.

Class 3—Those worthy men who do not have sufficient business. These are the men who deserve the sympathy and support of the profession. They are mostly young men who have sacrificed and schemed to get through college and establish an office. They have been led to believe that this being accomplished the future is rosy. In all confidence, they announce that they are ready for work. Their money is all gone, probably in debt. But why worry? Business will be humming along in a few days and all bills will be met. A week goes by with little or no work. Weeks merge into months with only an occasional worthwhile job. Just enough to meet current expenses with nothing to apply on old debts or spend in a social way. The anticipated rosy way has never a rose, only thorns. Don't you remember it, my Brother Practitioner? Is it any wonder that our youthful ambitions have dimmed and left us plodding along with little hopes of better things? Is it any wonder that we are a bunch of little fellows, comparatively speaking? Even the greatest of us are insignificant as viewed by those outside our own profession, except to be used in time of trouble—as servants. Is it any wonder then, I say, that some of our men are never able to overcome it and get out from under the load of debt and disappointment? Is it any wonder that we are asking, what is success in dentistry? But I contend that the men of Class 3 are a credit to themselves, when entering the profession, because they have diligently prepared themselves. And they are a credit to the profession, and prove it by sticking to it when it offers so little in return during the early years of one's practice. They will, in time, re-establish their credit if we will but boost instead of knock.

If any man thinks we are not little fellows, let him go out among the laity and mention the names of our foremost men and ask if they know who they are. The answer will be "No." Then mention the names of the foremost physicians, lawyers, preachers, merchants, politicians, financiers, and literary men to these same people and most of them will tell you who they are. What I am driving at is this: our profession, as a whole, is not much stronger than the five hundred Class, and not one whit stronger than the average financial rating of its members. As near as I can judge, from statistics, five hundred dentists in any one city represents, at least, one-fourth of the entire number. Another one-fourth is straining every energy to keep their credit good and live respectably. Possibly another one-fourth own their own homes, a car, a fairly well-equipped office, and, by staying close to business, are enabled to live comfortably. This leaves only one-fourth in the preferred class. Those who own a first-class home and office and furnishings and equipment, can take a day off when so inclined, can attend a distant dental meeting, or spend the necessary time and money to work out a new method or appliance and place it before the profession, and are financially able to make real worth-while investments as the opportunity presents. Therefore, not more than one-fourth of our number are successful and, if we eliminate from this number those who inherited the money to start them towards this success, the number who have acquired their success through dentistry becomes still smaller.

These estimates are only approximate, but they are not far wrong. I am not giving them as a knock, but that we may look the thing square in the face. Perhaps, by so doing, we can arrive at a remedy. If any man doubts these estimates, let him compare himself and other dentists of his acquaintance with the men in other lines of business in his town. Also let him consider how few dentists are eligible to the preferred class.

What shall we do to prevent the continuance of these conditions?

First.—Require one year of apprenticeship, after graduation, in the office of an experienced dentist before allowing registration. (Under this arrangement, the college course should be only three years.) This would give the young dentist the necessary training in the business side, as well as practice in the professional side under competent guidance, and the usual mistakes of our early professional lives would be avoided. This would also be a safeguard to the public.

Certain things must be learned by actual experience, and, under present conditions, at our patients' expense, in the way of unnecessary suffering and inconvenience. A year with an experienced dentist would place a man in position to avoid these mistakes; meet his patients and care for them in a positive, experienced manner; and make his charges and collect accounts intelligently. Such a plan would materially lessen

the number of our men who have no financial credit and increase the number in the preferred class.

In order to make room for these men in our offices, let us fire the laboratory man, who had his training in a "School of Mechanical Dentistry." Also let us forget to send so much work to the commercial laboratories. No man, or group of men, who are not dentists, can intelligently do dental laboratory work. Sure they can solder, set up teeth in a precise row, polish plates, etc., in a hurry, and their products look fine—outside the mouth. The young graduate dentist, placed in our own laboratory, could do the same work just as well and the necessary try-ins and changes made to make the case "individual." The money we are accustomed to send the laboratory, pay postage, make-overs, etc., if paid to him, would go a long way toward scattering a few roses and assuring him that truly his life's work was well chosen.

Second—We need laws to curtail the trickery carried on by hundreds, yes thousands of dentists. We find them in the high-class ethical office as well as the cheap advertising office. When we fight the advertiser and never investigate the non-advertiser, we are on the wrong track. I know one or two advertisers who are honest in every way and are doing excellent work. They are becoming more numerous each year. We should hunt out the quack, the trickster, in whatever office he happens to be and force him to do right or get out of the way of those who do desire to do right.

You ask me how this is to be done. How were hotels, grocery stores, and restaurants cleaned up and put on a respectable basis and kept there? By government inspection. How was the wholesale distribution of narcotics practically abolished? By laws and government inspection. So it must be with dentistry if we ever expect to weed out the unscrupulous practitioners that make life miserable for those of us who desire to do the right thing towards our patients and our profession.

Just how this should be brought about would necessarily have to be worked out and should originate in the National Dental Association, and the necessary legislation should be national and the whole thing be of a national import. Certain standards, which need not be radical, should be established and enforced under penalty.

"Where there is a will, there is a way." If we, as a profession, will demand such a system, we can have it. And if we had it, the time we now spend in showing people the error of patronizing unscrupulous dentists; the time we spend in undoing their rotten work, could be used for the more noble and glorious work of saving more teeth and thereby granting more happiness and health.

Success in the Country

This story didn't need rewriting. It would be difficult to improve upon. It is from a dentist in a small town in the South. (Editor.)

Just prior to graduating I made arrangements to buy some office equipment and the good will of an advertising dentist in a small town in an adjoining state. After graduating I passed two State Boards, and arriving at my destination I found the dentist had some handbills printed to announce my arrival. I explained to him that I intended to be ethical or starve, and I came very near doing the latter. Some would put the blame on our colleges for not teaching more business methods, but I am willing to say that I am more to blame than anyone.

I soon found out that during the previous ten years there had been a number of dentists in this little town, but for various reasons they had failed and passed on to other fields. I soon found that the dentist whom I had bought out, had lost by his drunkenness and other bad conduct all his former practice.

There was another dentist in this town whom the citizens of both town and rural districts said was the first good dentist and good citizen combined that had ever been in the community. Naturally, therefore, he had a good pull and a big practice and a great deal of influence. The following is not a knock against him, but simply stating the conditions that existed.

His fees were very low on all classes of work, and it wasn't long before he realized he had some competition with those people who were hunting a bargain. Before long he and I both were cutting prices rather than lose a given piece of work. I was out of my office hunting and fishing a great deal too much, and I was still single and did other things that were not to my best interest, while he worked early and late in his office, and naturally continued to have and hold a much larger practice, while I went deeper in debt.

While matters were practically as stated above, I fell in love and just had to marry, regardless of my financial condition. I soon realized the necessity for more income, and I tried raising my fees, but I found that it did not pay, first, because I was not convinced that my work was better than that of the other dentist, and even leaving out of consideration other dentists I knew my work at that time was not worth the added fee. I begged and pleaded with the other dentist at various times to raise our fees together, but he would not do so, and I can now look back and see that a great deal of my work was done just to get by. I realized that not only myself and my patients were suffering, but my loved ones as well, and it looked like I was a failure.

About this time I was invited to join a Study Club or small Dental Society, consisting of the ethical dentists from five or six small towns. (Allow me to pause here to say how much I love those members because of the association with them every three months, thus giving inspiration and assistance to not only myself but a number of other dentists and the general public.) My! how I worked on the first paper I read before that Society; and from that time on I have ever been a seeker after more knowledge. At once I began to purchase the best office equipment. Immediately my patients observed my new interest in my work, and each patient was made to feel that he received special attention (which he did), and with this closer attention to each patient and the work in detail I began to charge larger fees. Some never questioned when they saw the difference, and if others asked why, I could look them straight in the eye and explain the difference between the best work and the other kind, sometimes using models to show the difference, and almost all were not only satisfied, but so pleased that they told other patients and they came expecting not only to pay more but to receive more in return.

Of course, I lost a few patients who were looking for cheap work, but I gained ten where I lost one. I am always busy, but I take time to attend our small Society meetings referred to elsewhere, my State meetings and most of the National meetings, and am planning to take a Post Graduate Course.

Having a large rural practice I make more dentures than the city dentist. When I first decided to use Trubyte teeth I made up one set to demonstrate the advantages to my patients and decided to double the fee. I thought only a few of my patients would take this more expensive set, but imagine my surprise after explaining to each patient the advantage of this over the other, that practically all took the better, being glad of the chance to get something out of the ordinary.

Have I injured or knocked the other dentist in my town? No, not at all; he and I are the best of friends, and when the occasion arises each assists the other gladly. But in raising my fees I have benefited him, because several months after going up, I find that he comes along with his fees also.

It would have been much easier for the other dentist years ago, with his better equipment and advantage in every way, to have raised his prices instead of leaving it to me, but even with all obstacles in the way, I did raise mine and benefited not only myself and family but every patient I worked for. Please bear in mind that I could never have raised my fees and built up my practice as I have, without a great deal of study and work which enabled me to deliver a better type of service to my patients, and at the same time with the use of the X-ray and the study

of Focal Infection, convince our brothers, the M.D.'s that today the dentists have some part to play in the great healing art of medicine.

Three and one-half years ago I was professionally asleep, financially a failure, with a poorly equipped office. Today I realize that I have much to learn, but I have a modern office with two operating rooms, X-ray, gas machine, sterilizers, and am using Conductive Anesthesia; also another new chair and cabinet of the best make on the road to use in a third room, and I employ two very able young lady assistants.

I may not spend any more time with my family than before, but I am certainly happier with them, as I have in this time paid for a beautiful home with all modern conveniences, bought a car and made some profitable investments. My wife usually comes at five in the car for me, as the two young ladies and myself are glad to leave at that time after a busy day, and we work after that time only in a case of emergency.

Who can doubt that it paid me to wake up? But after providing for my family, the greatest blessing to me is, that as each patient leaves my chair with work completed, I am not afraid at some future day to meet the patient or my Maker face to face, because my conscience is clear that I have delivered that which was the best in my power to give.

Success in a Texas Practice

By —————

After graduating from Dental College I was persuaded by friends to hang out my shingle in the country town near which I was reared. After my office had been open for two weeks, and neither those friends nor any one else had called upon me for my professional services, and after all the talk that I had heard about my two competitors of twenty years of practice, I could hardly see anything but the darkest side to those clouds which are said to have a silver lining.

I was poor and had worked my way through the first year in school, and had borrowed money to finish and set up my office, but I determined to stick it out a while longer. Fees were exceedingly small here at that time, and by and by a few who did not know me ventured to peep in at my office. They would look over my head, searching the ceiling, walls, and corners of the room, and finally say, "Son, do you know where the dentist is?" I assured them that I was the Doctor, and offered my services. Then they would eye me from head to foot, and exclaim, "You don't look like one," or "Do you think you can pull this old root without killing me?" This continued for some time, but I gained the confidence of those first few.

My friends who had persuaded me to locate here continued to go to the other dentist. I decided it was moving time, and should have gone but for the fact that I had taken unto myself a fair young lady, who thought that a town of three thousand people was neither too large nor too small for us, and that we ought to be able to spend a happy life there. I remembered that a fortune-teller once told me that I did not have confidence enough in myself and the stick-to-itiveness to stay with a good thing if I had it, so, more determined than ever, I decided that I would make a success.

I subscribed for several dental journals, and found time to read them and for other recreation also. I joined the State Dental Society, which I attended regularly, and whose meetings I have always enjoyed, where I learned other men's ideas and their methods of handling a practice.

Like the missionaries who go into foreign countries to convert to truth those who worship idols, I learned that the people whom I was to practise on had to be converted to better dentistry than they had been used to. And only when I found that I could do something that had not been done here before in the proper construction of artificial dentures, inlays, and well-fitting crowns, etc., which were giving satisfaction, did I begin to get the confidence of my father's lifelong friends. I began to think that I had gained an entrance to the road to success, when I made them see that my methods were for the betterment of the coming generation. I learned that success does not come with the twinkle of an eye, but it truly takes time with hours and hours of toil. When some one from a distance, or from out of the state, tells me that Mr. or Mrs. So-and-so has sent him to me to have his teeth put in good shape; or I learn how I had extracted all of someone's teeth and thereby improved his health; or how a physician had been treating him and had done him no good; and how I had removed an abscessed tooth and helped him; and when I can do work for some one so that there is a general improvement in health, I feel as if I am passing some of the mile-posts that are marked *success at the end of the road.*

Have now practised seven years, have a nice office, a wife, a comfortable home, and one little girl, a few thousand dollars invested in a twenty-payment life insurance policy, and save some money each year. We live comfortably. I am not so rushed but that I have time for outings. I never work on Sundays except to relieve pain. I have time to go fishing, and I visit the city occasionally.

I have raised my prices considerably, and have more friends and satisfied patients, and am doing better work and more for humanity.

After seven years, my practice is still increasing. I am now at the age of 29 and love dentistry, because I earn a good living and am

relieving suffering. I still attend the State meetings and intend to keep it up. I deal fairly and squarely with everyone and give value for every dollar received. And, dear Mr. Editor, I will say that I am content with a small city practice and feel that I am successful in a way. But, as I look ahead, there still seems to be in the far distance *success* written in golden letters. It seems that it is far out of everyone's reach, and it inspires me to press on whether I shall ever reach it or not. If we live right and practise our profession honestly, I believe it will have great influence with St. Peter when we knock at that door where he is tiler.

Success in a New England Town

By —————

On reading your story of "Has This Dentist Succeeded?" I was struck with the similarity of my case and the one you describe in the April number but with reverse results, so to speak. I left a larger place for a smaller, but think that the temperament of the person has much to do with the ability to make such a change.

I will give you the facts of my case: Graduated at age of 21. Returned to home town to practise. Population 7,500. Outlying towns total 700. Four other practitioners established 10 to 45 years. Factory town, 60 per cent foreign; over half of them non-American speaking.

Class of work: No special high-grade work done in town. Operative—ordinary filling. Prosthetic—vulcanite and ordinary bridge-work. Demand for gold crowns. Could only persuade two patients to have lingual bar restorations. Surgery—extractions only.

Competition strong. Fees low. Overhead too high by comparison with work. Did not and could not collect even fair percentage of fees. In debt. In rut.

Stuck it out for eleven years. Got married to change luck. Selected another town where I was absolutely a total stranger. Still having faith in dentistry and myself, with the combined faith of wife to eventually make a success.

Practically gave old office away for enough to pay first instalment on new equipment. Made change against advice of friends.

New location. Agricultural district. Population 2,700. Practically no foreign element. Business center of fourteen outlying towns. Average population of 150. Rural summer resort, bringing wealth from all over country. One practitioner, 35 years established. Since died. Now alone.

Nearest towns with dentist north, east, south and west respectively, 18, 34, 16 and 9 miles. Not connected with trolley but by railroad.

New equipment, new incentive, new location, new patients, everything new. Contact with patients of the best specialists and practitioners of the country has lifted me out of the old rut.

Work: Surgery, Prosthetics, Operative. As I suggest so the patient desires. Service conscientiously the best I can give. Fees what I ask. Collections practically cash. Have not used a collector. First year gross and net far ahead of eleventh year at old office, and that was my big year there. The last two years show healthy increase over first.

Am out of rut. Established three years. Married three years. Have family two years, but out of debt and saving money.

Perhaps you call me isolated. Well this town has community spirit. One night a week movies. No social caste, no expense for style. Your own garden plot and chickens. Just enough to be wholesome after hours at office to get in the open with nature. No artificiality. Family and self contented and happy. Would not go back to a larger place with all its amusements and society for the best practice there.

Even dental drummers do not visit me except by long distance phone. Yes, isolated perhaps, but contented. Time for conventions, vacations and study I did not think I could have before.

Hope you can get the idea I wish to convey. The successful dentist is not always found in the largest cities. The successful specialist, yes, but the successful all-round general practitioner is in the small towns, and the smaller the better.

If we keep our health we trust to be called successful.

Does This Mean You?

In the offices of the Adjutant General at Washington is a huge mass of mail, sent to France for members of the A. E. F., and returned for various reasons, which is still unclaimed.

It consists of jewelry, clothing, riding boots, fountain pens, safety razors, money—everything, in fact, that can be sent through the mail.

Red Cross chapters, throughout the country have been asked to aid in locating the owners, for all previous efforts to return the mail have been unsuccessful.

Will those who have reason to believe that their property may be among these articles communicate with the Adjutant General, giving details by which identification may be made?

All property, so identified, will be duly returned.

In Collecting Insurance Take Nobody's Word But the Company's

BY ELTON J. BUCKLEY, PHILADELPHIA, PA.

[Readers of THE DENTAL DIGEST are invited to submit questions of a legal nature to Elton J. Buckley, care of THE DENTAL DIGEST. This service is free.—EDITOR.]

I have many times, through these articles, suggested that business men ought never to forget that in matters connected with their fire insurance, *they should never take anybody's word but the company's*. I have also reiterated this to my own clients many, many times, but again and again instances occur which show that business men are at no point of their business more careless than they are at this point of getting things pertaining to their insurance done that have to be done for their own protection.

Lying before me at this minute is the report of a case which beautifully illustrates this. A retail dealer in a small city had a fire which destroyed most of his stock and fixtures. There was a chap in town, a typical local insurance agent, who had placed all his insurance, and the retailer relied upon him absolutely to see that everything was right. Apparently he had never read a word of any of his policies, but depended on the agent to keep him straight.

This retailer carried plenty of fire insurance to cover his loss, and a day or two after the fire dropped into the agent's office and told him about the fire. "I told him," he says, "about what I lost; and he wrote it down and said all right, you go home and do nothing until I have an answer from the company. When I have an answer from the company I will let you know."

The merchant heard nothing and several times more got in touch with the agent, each time receiving the same answer.

Under the terms of his policy this man was obligated to furnish proofs of loss to the local agent within twenty days and to the company within sixty days. By reason of what the agent told him, he did not do this. The sixty days passed and he had filed no proofs at all. The company then refused to settle because of the absence of proofs and the merchant had to sue. His theory was that "notice to the agent was notice to the company, and the agent's action must be considered to have waived any requirement as to further proof of loss."

The jury gave him a verdict, but the court took it away from him, and when the case was appealed, the highest court said, too, that he wasn't entitled to recover anything. It expressed regret that it felt obliged to decide this way, but said that the case was clear. The terms of the policy were plain, they had not been complied with, there was no

good reason for the non-compliance and the company had not waived its right to object. Therefore it was not obliged to pay the insurance. I reproduce a part of the court's opinion and I hope every reader hereof will read it twice:

The conduct of the agent was such as to make the plaintiff believe that nothing further was required of him until the agent sent word. This court, however, has repeatedly held that such verbal promises do not release the insured from the terms of the policy. It is not contended by the plaintiff that he ever had any correspondence with the company at its home office or that he ever saw or spoke to any officer, general agent, adjuster or other person specially delegated to adjust and settle his loss. To excuse his own non-performance of the plainly expressed covenants of his contract the insured relies solely upon a verbal promise of the local agent that he would do whatever was necessary and that the insured need do nothing. There was no agreement of any kind indorsed on the policy to in any way vary its terms and no attempt made to prove that the powers of the agent, conferred on him by the company, were other or greater than those usually possessed by the local soliciting agents of insurance companies. If the insured, under such circumstances, chose to rely on the voluntary promise of the local agent as his warrant for expunging from his contract some of its important provisions and ignoring the warnings therein given against such attempts to alter or waive the terms of the writing on which this claim is founded, he placed himself in a position where, if deceived or lulled into security it was not by any act of the company, but by trusting to the mere opinion of one who had no authority to bind the company by any such expression.

I have a pretty poor opinion of an insurance company that would take a position like this, but nevertheless they can take it under the law if they wish to, and always get away with it. I also have a pretty poor opinion of an insurance agent so ignorant as to betray his customer into such a situation, but I repeat, it is the law, and there is only one way to get around it. First know what is in your policy and then comply with it. At least, go to your agent and say, "I want you to tell me what I have to do under my policy in order to collect my insurance." Do that at the very least, and *never* take his word that this or that isn't necessary, "I'll attend to it for you." *Do it yourself—always.*



PRACTICAL HINTS

This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.

BLEACHING TEETH WITH PYROZONE—Excellent results may be obtained in bleaching teeth with the Ethereal Solution of 25 per cent. Hydrogen Dioxide, provided the root canal cavity has been previously treated with the Kalium-Natrium preparation. The purpose in using Sodium and Potassium in this connection is to secure the alkaline effect, the rapidity with which the bleaching process takes place, and in the permanency of results, when used prior to the application of the Pyrozone. After the apical one-third of root canal has been properly filled with guttapercha the Pyrozone is applied to canal and cavity on small twists of cotton followed by blasts of heated air from hot-air syringe until the solution is evaporated.

This process is repeated several times until the desired result is obtained.

At times it may be necessary to seal Pyrozone for about 36 hours before proper results are secured, and even then it may be necessary to apply it again, and after being evaporated to dryness the color will usually be restored.

GEORGE J. BLEECHER, D.D.S.

Editor Practical Hints:

Dear Sir: One of my patients complains of continual burning over the entire roof of the mouth under his upper plate. He says it burns like pepper. There seems to be no reason for it, neither does the mouth look irritated.

What is your idea of the cause of this burning?

F. T. P.

ANSWER.—Dr. Tench says that "this burning sensation is due to pressure on the nerve tissues at the anterior and posterior palatine foraminae," and I believe that he is right.

Locate the foraminae on a skull and then on the patient in question. The posterior lies usually about one-eighth to one-fourth inch from pos-

terior border of the hard palate and toward the median line from the condyle on each side. These can usually be located in the mouth with careful finger pressure; the outline of the foramen can frequently be felt and it is more sensitive to pressure there than elsewhere. The anterior canal lies with reasonable constancy under the anterior median papillae of the rugii. When these points are located they should be marked with moistened indelible pencil and the plate inserted. The pencil marks will be transferred to the plate and these areas should be relieved in this way before the cast is poured.—V. C. S.

Editor Practical Hints:

Noting the question of Dr. C. C. Everts in regard to sponging or porosity of vulcanizable guttapercha, would say that the trouble is due to overheating in vulcanizing. Guttapercha softens at a lower heat than rubber, in fact becomes semi-fluid. At high heat in the vulcanizer it carbonizes, and does not have the density required in a plate. My method is to run up vulcanizer slowly, say for 45 minutes, and hold at 300 degrees for one hour and 10 minutes. The Doctor's thermometer may be defective; the mercury bath may be without mercury; in that case the thermometer will register considerably lower than the temperature in the vulcanizer, causing overheating of the case and a consequent carbonizing of the material. I have a suggestion for the manufacturer of guttapercha: That aluminum powder be incorporated, which should minimize the tendency toward sponginess, as the heat will transmit freely through the entire case. Guttapercha is ideal for refitting plates, as it moulds accurately with but little pressure.

T. A. GORMLY, D.D.S.

Editor Practical Hints:

Could you give me some advice through your department on the following case? A boy sixteen years old came into my office and presented a case of overlapping centrals. He is a cornet player and complained that the pressure from the mouthpiece caused the tooth underneath to pain him at times. He said this interfered with his playing. He wanted me to cut a space between the teeth with a disk, and thought the pressure might push the teeth into line. I was afraid decay would set in, and told him I would consider the matter. What should I do?

R. C. MAX.

ANSWER.—I think you would be safe in grinding some off the mesial of these centrals if you are careful not to gouge into the dentine and if you carefully contour and polish the ground surfaces. "Lightning safe-sided disks" are the best ever for cutting through such a place as this.—V. C. S.

Editor Practical Hints:

Answering enquiry of Dr. C. C. Everts in Practical Hints of July Digest for method to prevent sponging of vulcanized guttapercha, I would suggest that he try my method of preventing it in vulcanized rubber, as explained in the directions for using Spence's Plaster. Combine three parts of rubber with one part by weight of aluminum bronze, using chloroform for solvent. Let me also say to Dr. Baker (in same issue), that any plate containing aluminum must not be placed in muriatic acid, but sulphuric acid can be safely used.

STEWART J. SPENCE.

Editor Practical Hints:

The article in the July Digest on the sterilization of compound took me back to the "good old days" when we used to tell each other how to use rubber dam over and over again. Personally I thought such things had gone the way of the horse and ladies' cotton hose.

I would like to suggest to Dr. Simpson and Dr. O'Donnell that if they will apply the golden rule in their practice they will lose interest in methods for sterilizing compound, for I am sure that they would not want to have their own mouths filled with second-hand impression material. To my mind sterilized compound belongs in a class with the good old family tooth brush.

If the doctors cannot afford to use two bits' worth of *fresh* compound for each patient I would suggest that they raise their fees to a point where they will not find it necessary to transfer infectious material from mouth to mouth, for in my humble opinion, thorough sterilization of compound is like the three-headed dog, "there aint no such animal."

L. A. SHERMAN, D.D.S.



CORRESPONDENCE

Editor DENTAL DIGEST:

There have been several letters in your "Digest," one of which I noted particularly because of (what seemed to me) its unfairness.

The idea of the writer seemed to be that all men, dentists or others, who "stood pat" on Uncle Sam's draft law, were more or less slackers and got what they deserved; whilst the men who anticipated the draft and picked out the easy and the non-combative jobs were the true patriots of the war.

This seems to me to be very wrong and very unfair. The draft law when passed was called "selective," and all the young men in the country were given to understand that Uncle Sam would carefully classify them, and place them in such branches of the service, whether combative or otherwise, where they would be most useful in the prosecution of the war.

Fine! And just as it should be. Now that it did not turn out that way, and that as a matter of fact the draft law was not "selective" at all, or, only in spots, was the misfortune and not the fault of the hundreds of thousands of young men who accepted Uncle Sam's word, and then saw him fall down on the job.

And so we see the unlovely spectacle of the "wise guys" who picked their berths in the navy, in the medical and dental corps, etc., etc., now fighting valiantly with their pens to prove that all others were boobs and slackers or next door to it, and that they are the boys who knew where to "head in" and are really entitled to all the glory and the decorations and the credit for "winning the war" with their little gold bars.

I surely do not want to criticise these men unfairly. I do not blame them for doing what they did. It's all right I'm sure; but I do object to their attitude now toward those who waited and went where they were sent, to any duty and to any sacrifice.

A. M. HUDSON.

Editor DENTAL DIGEST:

From the June articles concerning the "Army Dentist" I imagine a few others preceded them. I did not read the previous articles but am taking the liberty to comment upon those I did read. The trouble seems to be that justice was not equally distributed. If there were some who became "loyal" when the draft approached them (as H. E.

W. expresses it) that will never place me among them. I volunteered as soon as the war broke out and was rejected, but was accepted as a buck private a year afterwards. I think a guilty one can never publicly raise his voice of protest, but if such protests are heard so often and from every corner, believe me, Mr. Editor, there are mighty good reasons to back them. These reasons, if not satisfactorily explained, will finally mean trouble for some one.

I have no grudge against the dental officer, but as a member of the same profession and a contributor to the same cause I do feel like protesting against such discriminations. I ignore the sensitiveness of those who compare the buck to a General and a dentist to Foch, and advise the mistreated to be quiet. A kick is a stimulant, and the sooner it comes the sooner it will prove effective.

In conclusion I would advise the satisfied to sit restfully and look wise, but be willing to give a chance to the unsatisfied to bring their cause before a just tribunal.

A. H. TAMARIN.

Editor DENTAL DIGEST:

Dr. S. P. Oliver's letter in June Digest certainly gets a "rise" out of me, as it was my misfortune to come in contact with several Dental Officers of his kind while in the army.

In the spring of 1917 I put in application for examination for a commission in the Dental Corps, and was examined and rejected owing to defective vision which was, however, entirely corrected by glasses, and told that I could never get in the army.

Later, in 1918, I did manage to enlist in the Medical Corps as a private and was sent to a training camp where I discovered I was transferred to the Dental Corps and made assistant to the Dental Surgeon at that camp. He happened to be overweighted with his own importance and proceeded to fill me full of "bull" as to "what he could do for me" if I was a good little boy and minded papa. Luckily the Commanding Officer of the Camp and also the Medical Officer in charge were good fellows of the first order, which counteracted "what he did for me." In one week I was doing practically all the work and the Lieutenant was out enjoying himself. I did not object to working, as that was what I was there for, but it did "get my goat" that while I could not get a commission I could, as a buck private, operate without limitation. And let me say here that if Dr. Oliver thinks ten permanent fillings and treatments, etc., a good day's work, he certainly did not get on the job at 8:00 A. M. and work till 6:00 P. M., which were my hours, and believe me ten fillings was an easy day.

If the doctor can show me where I had a soft snap I would like to see it. The Dental Officer was considered a joke, owing to his pomposness, and certainly did lord it over the boys. The line officers all regarded him rather contemptuously. I know positively that he came out of the army "financially embarrassed," and know that he possessed raiment that put the Major to shame, and was sorry to see the war end as his nice soft job was then finished.

I certainly am in favor of a Federal Examining Board.

G. C. N.

Editor DENTAL DIGEST:

There is a bill before Congress to tax gold used in dental restorations. Just another crack at the dentist as well as the public and in favor of the trust element and profiteers.

Consider how Congress even appropriates millions of dollars to aid the farmers in raising better hogs and cattle and combating diseases they are subject to. Are they making any such appropriations for the infant sons and daughters of the nation? Instead they propose to penalize them in their efforts to preserve their teeth and health by this tax on gold. Any necessary tax belongs on jewelry, which might be termed a luxury. It's quite as absurd as the opium and narcotic tax on physicians and dentists, making us pay the tax when the public reaps the benefit.

W. L. SCHENCK.

Editor Dental Digest:

Referring to Dr. Bauman's case, I would like to describe an experience I had two months ago.

I was called in consultation on a case by the family physician of Mr. X., a fireman in the city service. The history of the case is as follows:

Saturday morning while on duty at the fire station he felt pretty good. At 12 o'clock he had his lunch with the other firemen, his meal consisting of sandwiches. As soon as he took the first bite he became wild and unmanageable, ran upstairs to the dormitory, tearing the bedding and everything in his reach. It took six men to subdue him.

The doctor was called. He gave an injection of morphine. After becoming quiet he complained of pains starting along the spine and becoming more severe at the back of his head and "exploding" at the forehead.

The doctor recommended that he go to the hospital, but the patient refused and insisted on going home. He was taken home on a stretcher.

Very soon after arriving home the fireman had another attack which lasted several hours, until the family physician administered morphine again. It was impossible to feed him as an attack would come as soon as he started to eat.

Another physician was called in consultation and he diagnosed the case as an acute congestion of the brain.

Sunday Mr. X., had no food at all. Monday they gave him something and the attack returned, after which he was put on a liquid diet until Wednesday, when he ate some egg custard. No sooner had he taken the first teaspoonful than the attack came. This time Mr. X. noticed that when the custard touched the region of the left upper molars he was seized with the pains which brought on the attack.

When the physician arrived the patient remarked about this observation and they immediately called me in consultation.

I found the patient very weak and feverish, all hope apparently given up. Examination revealed decayed roots of the left upper second molar which were abscessed and a loose third molar. From the patient's story I concluded that this was the cause of the trouble. I advised the immediate extraction of those teeth which I did without anesthetic.

As soon as the teeth were removed the pains back of the patient's head subsided. I established a drainage and called again in the evening. At my second visit the patient felt much better, had had his first meal since Saturday, of course light food, and his pains had disappeared. I called every day until the following Sunday, draining the sockets, and on Monday dismissed the case. Tuesday Mr. X. got out of bed and after a week's convalescence returned to duty.

LOUIS DIAMOND, D.D.S.

Editor Dental Digest:

Dear Sir:—I am forming a collection of badges used at the different Dental Conventions—National, State, or Local. Also past and present.

Fraternity pins, buttons, or badges are also desired.

This collection will be beautifully mounted and presented to some Dental Museum.

Any contribution sent to me by members of our profession will be appreciated and acknowledged.

Yours truly,

THADDEUS P. HYATT,
Metropolitan Life Insurance Co.,
New York, N. Y.

The "Natural Born" Dentist Classified.

Editor Dental Digest:

Every man should learn something new each day. We learn many things by searching for them; we learn some things by accident; and we learn a few things by having them thrust upon us.

Something new has been thrust upon us. In my fondest dreams I never imagined that there was such a thing as a *natural born* dentist. I never saw one, and therefore I can not imagine what it is like. Perhaps, "T. H." belongs to the same school of dentists that Mutt hails from—the kind of dentist that drills into a man's back collar button. I should like very much for Jeff to pass on "T. H." Jeff would doubtless give him the "once over," and then, "A rare bird, I calls him."

Mr. Editor, I have seen only two things that were said to be *natural born*. One was a quack that was selling, on the street, his "Infallible Corn Cure." He said to the crowd about him, "I am a *natural born* doctor, and I am going to *give* away the first twenty-five boxes of my celebrated 'Infallible Corn Cure,' *free, gratis, for nothing, and without cost.*" He assured them that it was cheap enough at half the price. I didn't take issue.

The other case was that of a jackass that an old negro man drove up in front of a country store. As the old negro was tying him to the hitching-post, the jackass opened his mouth and brayed loudly. The old negro smiled and said, "You sho' is braggin' on yo'se'f pow'rful; but everybody knows you is just a nat'jul born jackass; and you cain't never be nuffin' else."

Let all *natural born* dentists take notice of their classification.

S. M. MEYERS, Waco, Texas.

A Year's Good Work

The Annual Meeting of the Dental Hygienists' Association of Columbia University was held on Tuesday evening, May 4, 1920, in the Engineers' Building, Columbia University. The following officers were elected:

| | |
|-------------------------------|------------------------|
| President | Rosalind T. Paradise |
| Vice-President | Violette St. C. Durant |
| Recording Secretary..... | Pauline Maddenburg |
| Corresponding Secretary | Frieda Baum |
| Treasurer | Estelle Lee |

Executive Committee (new elections for two years)—Mildred F. Stahl, Frances V. Weisman.

Meetings for the year 1919-1920 were as follows: October 7, 1919—Business Meeting. November 12, 1919—Dr. Margaret Donohoe

gave a talk on important points of recent interest in oral prophylaxis. December 9, 1919—Dr. Leuhman M. Waugh gave a lecture on "The Gingival Border and the Cemento-Enamel Junction." January 10, 1920—First Annual Dance at the Hotel Ansonia, New York City. February 10, 1920—Dr. Elmer S. Best of Minneapolis, Minn., gave an interesting talk. Discussions by Doctors Albert H. Stevenson, Paul R. Stillman and Wilbur M. Dailey. March 2, 1920—Dr. Ira S. Wile gave a most interesting talk on nutrition. April 6, 1920—Dr. Thaddeus P. Hyatt gave a talk, and papers were read by the Misses Estelle Lee, Etta Bernikow, and Rosalind Paradise.

An informal reception to the graduates of the 1920 class of the Courses in Oral Hygiene, Columbia University, was given by The Dental Hygienists' Association of Columbia University in the Conference Room of Students' Hall, Barnard College, on Wednesday evening, May 28, 1920.

An umbrella was given to Mrs. Mildred F. Stahl, retiring president, as a token of appreciation for her faithful and untiring efforts during the past two years. A beautiful basket of flowers was also presented to her by the 1920 class. A fountain pen was given to Miss Frieda Baum, secretary, in recognition of her earnest work for the Association in the past two years.

Meetings of the Association are held regularly on the first Tuesday of each month, from October to May, in Students' Hall, Barnard College, Columbia University.

All hygienists and other interested people, in or near New York City, are urged to communicate with the secretary, and earnestly invited to attend meetings.

FRIEDA BAUM, *Secretary*,
1823 Broadway, N. Y. C.



Late Summer

In regal splendor, supple, full of ease,
She walks the hills and trails her shining gown,
Loosening the purpling roses of her crown
And scattering showers of gold dust to the breeze.

She laughing spies in green of rustling trees,
All but concealed, the coat of russet brown
Where jolly Autumn, ambushed, tosses down
Audaciously a few, small crimson leaves.

—*N. Y. Times.*

EXTRactions

If you live it isn't wood alcohol.

The hostess no longer asks how many lumps.

A little flour by any other name would doubtless smell as wheat.

We are the posterity our forefathers worried about. Can you blame 'em?

Why is the candy shop always on the ground floor and the dentist's office four flights up?

You never can tell! Many a fashionable bathing suit may cover a warm heart—even if very little else!

(Teacher)—Every day we breathe oxygen. Willie, what do we breathe at night?

(Willie)—Nitrogen.

(A juvenile Ponzi)—Mother, I wish you would give me a dime so I could pay you that nickel I owe you.

A St. Louis dentist is a true genius. He magnetizes the rear axle of his Ford so he can pick up the parts as they drop off.

"Many a worthy young man," said Uncle Allen Sparks, "thinks he has a call to preach, when all he needs is a dose of physic."

You don't have to leave your skin, and call for it later, as a sign in this artist's store window reads: "Tattooing done while you wait."

(First Operator, Telegraphing)—Can't come down—washout on line.

(Second Operator, Answering)—Borrow a shirt and come anyway.

(Mr. Newlove)—This lettuce tastes beastly—did you wash it?

(Mrs. Newlove)—Of course, I did, darling—and I used perfumed soap, too!

It is now known that the anarchists who were deported on the Soviet arks were well pleased with the ships; their propellers made 600 revolutions a minute.

(Wifey)—I heard a noise when you came in last night.

(Hubby)—Probably it was the night falling. (Wifey—coldly)—More likely it was the day breaking.

An old lady in church was seen to bow whenever the name of Satan was mentioned. One day the clergyman met her, and asked her why she did so.

"Well, sir," she replied, "politeness costs nothing, and—you never know!"

(Jiggs)—Did you know that Townsen can read three languages?

(Riggs)—Some culture for him. What are they?

(Jiggs)—Magazines, sporting pages and railroad time-tables.

(The Boss)—How long do you want to be away on your wedding trip?

(Hinks—meekly)—Well, sir, I don't—that is—er—well, what would you think was about right?

(The Boss)—How do I know! I haven't seen the bride.

"What! ten thousand francs for that old oil painting," roared the stock-yards magnate. "I could understand the price if you were offering a modern painting—with oil at its present price. But in the 18th century oil wasn't worth more than three or four sous a gallon."

(Ad Writer)—I say, Boss, when do you want me to prepare that copy for the sale of antique furniture you have been planning?

(The Boss)—We'll have to hold up on that for a while. The worm-hole borers are on a strike in Grand Rapids.

An enterprising drummer once attempted to bribe an old Scotch merchant by offering him an expensive box of cigars.

"Na, na," said the old chap, shaking his head gravely, "I canna take 'em."

"Nonsense," said the drummer. "If you have any conscientious scruples, you may pay me a quarter for the box."

"Weel, weel," said the old Scot, "I'll take two boxes."

DIETETICS AND HEALTH

The Scientific Basis of Carelessness



WHEN a man deliberately steps into the street directly in front of a moving automobile and is injured, bystanders assign *carelessness* as the cause of the accident, whereas the real basis for his apparent lack of judgment may be buried deep in his nervous system. Thousands of accidents of a similar nature which occur every year and appear to be preventable are in reality caused by a physiological condition over which the victim has no control. A nervous reflex located in the muscles often is more powerful in an emergency than man's higher brain centers, and is at all times a treacherous asset.

To carelessness is assigned the majority of industrial accidents, which total alarming figures, notwithstanding the advance in the science and art of safety engineering. When is a preventable accident due to carelessness, and, furthermore, when is a man actually careless? With analysis it will be found that the instances are rare when an employee who has been injured or killed has failed to "care" for his safety—statistics to the contrary notwithstanding.

Briefly stated, in a careless moment the attention becomes fixed and judgment suspended because all of the controlled motor activity of the nervous system is held in abeyance during a period while a set chain of habits is running its course. The period may be but an instant of time or it may be several minutes; in any case, of sufficient length for a sleeve to be caught or a punch-press to fasten the hand. The sensory nerves are functioning, messages of warning are flashing to the brain-centers; but reaction is delayed.

Did you ever start to change your collar before dinner and find that you had, from force of habit, removed several other articles of apparel before your attention was arrested? Have you ever gone to the bathroom for a drink of water to find yourself a moment later with a razor in your hand? You can find any number of instances from these suggestions wherein daily you perform some act deliberately and find yourself in the midst of a second or third act that has by habit accompanied the first. A prominent industrial surgeon told me that occasionally men burned themselves with apparent deliberation, the movement that produced the injury being a unit in a habit-series. A

man operating the levers of a crane, pouring a heat, oiling a lathe in motion, driving an automobile, or crossing a crowded thoroughfare, may at a dangerous moment continue to act as accustomed by habit, thus occupying the nervous machinery with habit-chains which prevents conscious control. The more highly skilled a workman becomes the more liable he is to such a lapse of attention accompanied by unconscious activity.

A correct analysis of the neurotic state of the injured at the time of the action would charge the responsibility to *skill* rather than to *carelessness*. The man has relegated to the lower brain centers control of the thousands of acts that function in series. The automatic connection that is made between separate acts in serial action sets in, and although valuable as skill, may prove to be his undoing in an emergency. To perform one act touches off the series. Animals are not careless—they are always at attention, being unencumbered with automatic complex muscular co-ordinations.

What is there about the function of our nervous system that creates the serial action or chains of habit? Curiously the organ that furnishes the link in the chain is located in the muscles. It is man's sixth sense. The movement of a muscle stimulates nerve end-organs located beneath muscular tissue. The end-organ here transmits the stimulus to the sensory nerves. The nerves carry it to a nerve center, which redirects the message, transmitted over the motor nerves to the muscle and a second act results. The same process may act and react indefinitely until the action is performed. For instance, one *sees* that a steel cylinder has been cut to the mark on a milling machine—an arm moves to stop the carriage—the movement of the arm muscle stimulates the muscular sense which “touches off” a leg movement to kick open a switch to stop the motor—the kick sets up a nervous transmission that moves the arms to release the piece of steel, etc., etc. This repeated a hundred times becomes automatic, habitual, unconscious—the sixth or muscular sense furnishing the connecting links. It is then easy to conceive of a number of situations where men have been injured due to an extra uncontrollable movement in a habit series.

One solution for the problem of “Injury Due to Carelessness” would be to change an employee's environment in the shop occasionally. To allow a man to work too long at one machine with one series of actions jeopardizes his safety. He becomes a slave to habitual co-ordinations. Safety-first signs must be changed frequently in design and effectiveness. Their particular location should not be constant. To teach safety is to make a man a better animal—to break up a tendency to nervous plasticity and to make habits more flexible.—*Scientific American*.

Claims Made for Antiseptic Soaps



LOSELY allied to "patent" medicines, says Dr. John F. Norton, of the Department of Hygiene and Bacteriology, University of Chicago, in discussing "Soaps in relation to their use for hand washing" in the July issue of the Journal of the American Medical Association, are the "healing," "antiseptic" and "germicidal" soaps. Claims are made for these soaps which, to my mind, have neither been proved nor disproved. The truth of them, however, presents both a hygienic and economic problem for the public.

Why should the public be asked to pay thirty or thirty-five cents for a special kind of soap unless it really possesses properties which make it more valuable than a soap selling for seven or twelve cents? But of far more importance are the specific hygienic claims made for certain soaps. Are they frauds or do they actually possess germicidal properties which really aid in preventing the spread of disease? Can the public depend on them, or in doing so would they foster a false sense of security?

Whatever tests have been made in the manufacturer's laboratory as a basis for the "antiseptic" and "germicidal" claims, there is only one guide for the purchaser. That is the statement sometimes appearing on a package concerning the "phenol coefficient" value, which I do not think a proper means of measuring the value of soaps when used in the usual manner of washing, because of the different conditions existing in laboratory tests and actual use.

In an endeavor to test the claims made for various "antiseptic" and "germicidal" soaps a series of experiments was conducted to determine:

First—Their relative efficiency in removing bacteria from the hands.

Second—The relative germicidal power of the soap solutions obtained in washing toward bacteria removed from the hands.

Third—The bacterial condition of the hands after washing, i. e., whether sterile or not.

Fourth—The effect of the soap remaining on the hands.

The procedure used in the experiments was as follows: The hands were washed by the subject for one minute with soap in 500 c. c. of sterile distilled water at 40 C. in a sterile pan. The hands were immediately rinsed in sterile distilled water under the same conditions and the rinsing repeated. The wash and rinse waters were then immediately plated to determine their bacterial content.

Of the eight soaps used in the experiments two were well-known toilet soaps, another a green soap such as is used in hospitals, and the others special soaps supposed to possess germicidal properties.

The experiments show that the ordinary toilet soaps removed the greatest number of bacteria in the wash water, although the differences were not so marked in the rinse waters and totals. For this there are two explanations. One is that the germicidal soaps have killed the bacteria, or at least inhibited their growth, so that they do not appear on the plates, and the other is that the ordinary toilet soaps actually have a greater cleansing power. It was certain that the ordinary toilet soaps used in the experiments gave a good lather much more easily, and it might be that the larger number of bacteria obtained in the first rinse water from the special soaps in comparison with the number obtained in the wash water is to be explained by the difference in cleansing power. This leads me to doubt the germicidal action. This, however, needed further investigation.

Tests of the germicidal power of the soap solutions obtained in washing toward the bacteria removed from the hands were made by allowing the wash water to stand, protected, and the bacterial count made after varying periods of time. The results showed that for all practical purposes the germicidal and antiseptic value of the special as well as ordinary toilet soaps was too small to be of any use, the bacteria count increasing as the solution stood. Two soaps only, containing mercuric iodid (probably potassium mercuric iodid, as this is the soluble compound) failed to show growth on the plates in twenty-four hours in all instances, either from the wash water immediately after use or after long standing. If the agar plates were allowed to incubate for forty-eight hours, however, growth was invariably obtained. These soaps, apparently, exhibited some germicidal and certainly marked antiseptic properties, especially the soap containing the larger amount of mercuric iodid.

To get at the antiseptic or germicidal power of the soap left on the hand after washing ten soaps of a supposedly antiseptic or germicidal nature were tested by allowing the subject's hands to dry for five minutes after washing and then rinsing them in running sterilized distilled water and the number of bacteria washed off determined. The figures demonstrated that the soap remaining on the hands has no germicidal action, except that the same difficulty was experienced in obtaining growths of bacteria with the soaps containing mercuric iodid, and such growths (except in one instance) were obtained only after forty-eight hours incubation. These soaps again showed distinctly inhibitive properties.

As a result of the experiments mentioned, the following conclusions were arrived at:

Sterile hands are not obtained in the ordinary process of hand washing. More bacteria were found to be removed by the ordinary toilet soaps than by the special soaps. In other words, the cleansing proper-

ties of a soap are more important than its "germicidal" or "antiseptic" constituents.

Soap solutions obtained in hand washing are of no practical germicidal or antiseptic value.

Soap left on the hands after washing has no germicidal action.

In the whole process of hand washing done in the usual manner, the special so-called "germicidal" or "antiseptic" soaps exhibit none of these properties. Therefore, these terms are not proper to use in connection with soaps.

Finally, since the hands may serve as a medium for the conveyance of bacteria in infectious diseases, it is important to remove these bacteria; and this may be done by the ordinary toilet soaps as effectively, if not more so, as by the special brands of so-called "antiseptic" or "germicidal" soaps.

Knowledge by Degrees

We favored our readers recently with the important information that there is such a gifted mortal as a "born dentist," but it is due to the enterprise of the Journal of the American Medical Association to get in touch with a "physician" who visited Chicago, where he acquired such a wealth of medical erudition that he felt justified in issuing the following announcement:

I take pleasure in announcing to my friends, patients and to the public in general that I am back from Chicago and am ready to serve the public professionally. I am using all modern appliances in treating the sick and afflicted by new and latest methods as Chiropractic, Mechanotherapy, Spondylotherapy, Neuropathy, Rithmotherapy, Physculopathy, Osteopathy, Napropathy, Electrotherapy, Hydrotherapy, Zonotherapy, etc.

Chronic disease, Nervousness, Rheumatism, Liver, Stomach and Kidney diseases a specialty.

Yours sincerely,

DR. S. P. SESMER, D. C., Ph. C., M.T. D., D. S., D. N., R. D., Ph. D., D. O., N. D., D. E., D. H., D. Z.

Easy Money

If one of the Pilgrim Fathers, when he stepped ashore on Plymouth Rock after the Mayflower had anchored, had invested \$100 in Government Savings Stamps, had they been on sale then as they are now at all banks and post offices, his heirs today would have more than \$15,000,000.